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COUNTY BOROUGH OF ST. HELENS



Annual Report
of the
Medical Officer of Health
for the Year 1956

G. O'BRIEN, M.B., Ch.B., D.P.H.,

Medical Officer of Health
and Principal School Medical Officer

St. Helens:

WOOD WESTWORTH AND CO. LTD., PRINTERS AND STATIONERS
HARDSHAW STREET

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TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF ST. HELENS

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Report on the health of St. Helens for the year 1956.

The following statement shows some of the principal statistical rates during the past five years.

	1952	1953	1954	1955	1956
Birth rate per 1,000 of population	17.8	17.5	17.0	16.0	16.8
Death rate per 1,000 of population	10.4	10.6	10.9	11.0	10.7
Infant Mortality per 1,000 live births	37.6	43.8	41.0	32.9	27.4
Maternal Mortality per 1,000 total births	0.50	0.51	1.55	3.79	1.04
Tuberculosis death rate per 1,000 of population	0.37	0.29	0.26	0.25	0.14

The birth rate of 16.8 per 1,000 estimated population is a slight increase over the rate of 16.0 recorded in 1955. The infantile mortality rate at 27.4 was lower than the rate of 32.9 recorded in 1955, and was the lowest ever recorded in the Borough up to the present. This is obviously a matter for great satisfaction, but in the body of the report comment is made on various factors which may cause a fluctuation in this rate and on the ever-present problem of the need for research into the high incidence of prematurity.

Once again it is a great satisfaction to be able to record that there were no cases of diphtheria during the year, and, in fact, 1956 was a record one for the low incidence of infectious diseases.

The scheme for the immunisation of the child population was further extended by the introduction of vaccination against poliomyelitis, and during the year the immunisation of several hundred children was completed.

It was found possible during the year to undertake a pilot scheme for B.C.G. Vaccination in one of the Secondary Modern Schools of the town. The point of this was to try and estimate the extra commitments which might have to be borne by clerical, nursing and medical staff in dealing with a full programme for the vaccination of all school leavers in the town. A surprising result from the pilot scheme was to find that 71 % of the children tested were

found to be susceptible to tuberculosis and to require vaccination as a preventive measure. This may illustrate the extent of the problem which may have to be dealt with and the necessity for an immediate increase in at least clerical and nursing staff.

The maternal mortality rate during the year at 1.04 was a welcome decrease on the rate during 1954 of 1.55 and of 3.79 in 1955. A special analysis of the cases is given in the section of the report dealing with Maternity and Child Welfare.

The staff position regarding Health Visitors and Public Health Inspectors was very bad during 1956. Both sections were reduced to approximately 50% establishment. To state that this is a serious condition of affairs is a platitude and it is only by the energetic field work of these officers that the standard of social care and hygiene in the community may be maintained at a satisfactory level. A review of the departmental establishment has also revealed that attention may shortly have to be given to the strengthening of the domiciliary services, particularly the Home Help and Mental Health Services.

Progress during the year in slum clearance is indicated in the Chief Public Health Inspector's section of the Report.

For the successful carrying on of the work of the Department and for advances made in the various Services during the year I am indebted to the ever willing and able assistance of every member of the staff. I would also take this opportunity of thanking the members of the Council for their help, advice and kindly consideration.

I have the honour to be,

Your obedient Servant,

G. O'BRIEN.

PUBLIC HEALTH COMMITTEE, 1956

Chairman:

ALDERMAN N. BIRCH, J.P.

Deputy-Chairman:

COUNCILLOR M. A. SHARD, J.P.

The Right Worshipful the Mayor
(COUNCILLOR P. M. LOWE, J.P.)

Alderman W. Burrows, J.P.

„ J. E. Hughes, J.P.

„ J. O'Brien

„ R. Rennie

„ J. Thackray, J.P.

„ W. Marshall

Councillor R. S. Ellison, J.P.

„ P. Heneghan

„ J. F. McDonnell

„ A. E. Williams, J.P.

„ J. J. Henebery

HEALTH COMMITTEE

The Public Health Committee and the following:

Mrs. H. B. Bates (co-opted)

Mrs. B. McGhie (co-opted)

Dr. D. R. Holden (nominated by the Local Medical Committee)

Mr. W. Davies (nominated by the St. Helens Executive Council)

Mrs. E. M. L. Else (nominated by St. Helens and District Hospital Management Committee).

STAFF

Medical Officer of Health and Principal School Medical Officer:

GERALD O'BRIEN, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health:

CLIFFORD T. BAYNES, M.D., D.P.H. (ceased 29.1.56)

JAMES HUTCHINSON WALSH, L.R.C.S.I., L.R.C.P.I., L.M., D.P.H.
(from 1.5.56)

Assistant Medical Officers of Health:

Enid M. Hughes, M.B., Ch.B.

Mary Pilling, M.R.C.S., L.R.C.P., C.P.H.

Royston S. Male, M.B., Ch.B., M.R.C.P. (Lond), D.C.H., C.P.H.
(ceased 15.1.56).

John E. O'Malley, M.R.C.S., L.R.C.P.

(Granted leave from 1/10/56 to attend D.P.H. course).

Sheila C. Blackburn, M.B., B.Ch., B.A.O., D.P.H.

Phyllis Jean Disley, M.B., Ch.B., D.P.H. (temporary appt. from 1/10/56).

Dental Officers:

Vincent Higham, L.D.S., Senior Dental Officer.

Public Health Inspectors:

Chief Public Health Inspector: Nathaniel Birch

Stephen D. Burge, *Deputy Chief Public Health Inspector* (from 2.1.56)

Griffith R. Hull, *Smoke Abatement Inspector* (from 7.5.56)

James R. R. Norris, *Factories and Shops Inspector*

Henry T. Rothwell, *Sampling Officer*

Fred Platt, *Housing Inspector*

Thomas Dean, *Food Inspector*

Jack Aveyard, *District Public Health Inspector* (ceased 27.5.56)

Neil Galbraith Weir, *District Public Health Inspector*

James Arthur O'Neill, *District Public Health Inspector* (from 1.2.56)

Health Visitors and School Health Visitors:

Superintendent: Rita Lamb

Edith F. Barrett

Teresa J. Howard

Lilian S. Boardman

Irene L'Amie

Emily E. Cameron

Edna Manns

Hazel M. Wright (ceased 1.1.56) Constance M. Pennington

Doreen A. Foster (ceased 19.8.56) Annie Pimblett

Margaret Gandy

Leah Fazackerly (Part-time)

Edith J. Green (ceased 31.5.56) May Fairclough (Part-time)

Mary Green (ceased 13.5.56) Muriel H. Pearcey (Part-time)

STAFF—continued

Pupil Health Visitors:

Margaret P. Heffernan	Appointed	25.7.56.
Catherine M. McCormack	„	2.7.56.
Jean Pennington	„	9.7.56.
Margaret Price	„	2.7.56.
Kathleen Wright	„	2.7.56.

Midwives:

Non-Medical Supervisor of Midwives: Bertha Ashton (ceased 27.5.56)

Audrey I. Robinson (from 1.12.56)

Ellen Cunliffe	Vera Latham (ceased 9.11.56)
Edith Dingsdale	Caroline Leonard
Ellen Dooley	Mary McCormack
Ellen Egan (ceased 4.1.56)	Hannah S. Myerscough
Eileen Evans	Elsie A. Parr
Rosanna J. Farrington	Mary A. Pye
Sarah J. Gilroy	Amy Simm

Kathleen Somers

Chief Clerk: Edward G. Patterson

Welfare Officer (Prevention of Illness, Care and After-Care):

Miss M. Miller

Tuberculosis Health Visitor (Part-time): Miss Sarah A. Prescott (ceased 31.3.56)

Mrs. Bridget Jackman (from 1.4.56)

Physiotherapist: Miss Norah Large, M.C.S.P.

Home Help Organiser: Mrs. E. G. Oldridge

Duly Authorised Officers:

Eric Causey (Mental Health Worker)
 Miss Mary McKenna (Mental Health Worker)
 James C. Ratcliffe (Mental Health Clerk)

Occupation Centre Supervisor: Miss I. W. Marsh

STAFF—continued

Clerk/Dispenser:

Albert Spencer (also part-time Welfare Officer, Special Treatment Centre)

Ambulance Service:

G. Norman (Ambulance Superintendent)

Day Nursery: A. E. Brown (Matron)

The following are Part-time Officers:

Consultant Obstetricians:

Percy Malpas, M.B., Ch.B., L.R.C.P., F.R.C.S., F.R.C.O.G.

Henry V. Corbett, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.M.S.A.,
M.R.C.O.G.

Area Chest Physician:

J. B. H. MacArthur, M.B., B.S., M.R.C.P.E.

Public Analyst and Agricultural Analyst:

J. G. Sherratt, B.Sc., F.R.I.C.

Orthoptist: Jean Allanson, D.B.O. (ceased 31.10.56)

Dental Officers: Ivan H. Long, B.D.S. (ceased 31.8.56)

Margaret Malcolm, L.D.S.

I.—GENERAL AND VITAL STATISTICS—1956

Area (acres)	8,887
Population (estimated, mid-year 1956)	110,900
Rateable Value	£894,418
Product of a penny rate	£3,554

STATISTICAL SUMMARY FOR 1956

	M.	F.	Total
Live Births:— Legitimate	890	913	1,803
Illegitimate	29	26	55
Totals	919	939	1,858

Birth Rate per 1,000 of the estimated population 16.8

Still-Births:—M. 37, F. 32; Total: 69.
Rate per 1,000 total (live and still) births 35.8

Deaths:—M. 685, F. 498; Total: 1,183.
Crude Death Rate per 1,000 of the estimated population 10.7

Number of women dying from diseases and accidents of pregnancy and child-birth:

	Deaths	Rate per 1,000 total (live and still) births
From sepsis	1	0.52
From other maternal causes	1	0.52
Totals	2	1.04

Deaths of infants under one year of age:—

	M.	F.	Total
Legitimate	26	23	49
Illegitimate	1	1	2
Totals	27	24	51

Death Rate of infants under one year of age:—
All infants per 1,000 live births 27.4
Legitimate infants per 1,000 legitimate live births..... 27.2
Illegitimate infants per 1,000 illegitimate live births 36.4

Deaths from Measles	—
„ Whooping Cough	—
„ Gastritis, Enteritis and Diarrhoea	9
„ Tuberculosis (all forms)	15

Table V.S.1 gives a summary of the vital statistics for the past 50 years.

Table V.S.1.
Statistics for St. Helens

YEAR	Population	Birth Rate	Crude Death Rate	Infant Mortality Rate	DEATHS FROM							
					Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	† Diarrhoea	Whooping Cough	Diphtheria
1907	92,476	34.1	18.3	155	0	145	10	12	0	36	52	11
1908	93,812	35.2	16.0	122	0	0	29	12	0	59	7	17
1909	95,161	32.0	18.5	149	0	188	33	13	0	27	62	12
1910	96,523	32.7	14.5	121	1	15	22	10	0	51	16	7
1911	96,870	33.5	18.3	158	0	69	13	22	0	143	39	8
1912	98,159	32.0	15.5	124	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	155	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	138	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	129	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	108	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.5	123	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	126	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	117	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	113	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	103	0	7	5	0	0	62	24	5
1922	106,400	26.4	13.4	115	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	91	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	103	0	29	1	2	4	36	11	4
1925	109,600	23.9	12.0	100	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	102	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	88	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	98	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	114	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	80	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	88	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	89	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	116	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	65	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	94	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	56	0	7	4	0	0	13	3	26
1937	107,400	18.6	12.1	88	0	3	2	0	0	12	7	15
1938	107,200	18.2	11.4	70	0	9	3	0	0	16	6	14
1939	106,600	17.3	11.6	79	0	1	3	0	0	18	4	23
1940†	103,300	18.0	13.4	78	0	10	0	0	0	8	5	19
1941†	102,750	18.6	11.4	71	0	2	1	1	0	13	15	13
1942†	101,500	17.7	10.6	65	0	6	0	1	0	13	1	11
1943†	99,410	19.8	13.0	72	0	0	1	0	0	16	4	6
1944†	98,410	20.5	11.3	57	0	4	0	0	0	21	2	1
1945†	99,150	20.3	11.3	60	0	0	0	0	0	17	0	0
1946†	104,740	22.2	11.0	60	0	2	0	0	0	26	3	2
1947†	105,790	25.2	12.7	70	0	10	0	0	0	44	1	0
1948†	110,100	21.3	10.2	61	0	0	0	0	0	14	1	1
1949	112,100	17.9	10.7	41	0	0	0	0	0	10	2	1
1950	112,500	17.9	10.1	39	0	0	0	0	0	21	2	0
1951	109,400	16.9	13.3	38	0	1	0	0	0	14	0	0
1952	109,100	17.8	10.4	38	0	0	0	0	0	11	0	0
1953	108,200	17.5	10.6	44	0	1	0	0	0	9	1	0
1954	*111,700	17.0	10.9	41	0	0	0	0	0	5	0	0
1955	111,900	16.0	11.0	33	0	0	0	0	0	3	0	0
1956	110,900	16.8	10.7	27	0	0	0	0	0	9	0	0

† Estimated civil population.

* Borough extended.

‡ Gastritis, Enteritis and Diarrhoea from 1950 inclusive.

POPULATION.—The Registrar General's estimate of population for mid-year 1956 was 110,900 compared with 111,900 for mid-year 1955. During the year the natural increase in population (i.e. excess of births over deaths) was 675.

BIRTHS.—The number of live births registered during 1956 as belonging to St. Helens was 1,858, giving a birth rate of 16.8 per 1,000 of the estimated population. This rate is slightly higher than that for 1955 which was at the very low level of 16.0. It is interesting to note that this recorded rate of 16 to 17 per 1,000 of the population stands almost exactly at a half the rate recorded 50 years ago. The birth rate when adjusted by the area comparability factor of 0.94 gives a rate of 15.8 per 1,000 of the population. The birth rate for England and Wales during 1956 was 15.7.

Of the 1,858 births, 919 were males and 939 females, giving a sex ratio of 979 males to every 1,000 females.

The sex ratio for 1956 is most unusual. So far as can be ascertained, male births have always, in this Borough, exceeded female births. (This situation, of course, obtains throughout the country as a whole.)

I first mentioned an apparent tendency towards equality in the sex division of annual births in my Report for 1953. The sex ratios over the past quarter century are shown below:—

	<i>Males per 1,000 Females</i>			
Years 1933—1952	1,060 (average rate)
Year 1953	1,012
Year 1954	1,015
Year 1955	1,061
Year 1956	979

It should be mentioned that the accepted preponderance of male births over female births has invariably been reflected in the excess of male deaths over female deaths, particularly in the under one year group. Despite the departure from the sex ratio previously mentioned, the relationship in the rate of total deaths still remains unaltered, and during 1956 there were 685 male deaths as against 498 female deaths.

This alteration in the birth sex ratio may only be incidental, but it is worthy of note and will be recorded as a feature of interest in future reports should it persist.

DEATHS.—During 1956 there were 1,183 deaths from all causes (685 males and 498 females) giving a crude death rate of 10.7 per 1,000 of the population, compared with 11.0 per 1,000 of the population in 1955. The adjusted death rate for the year (for national comparison) after applying the area comparability factor of 1.32 was 14.5 per 1,000 of the population. The death rate for England and Wales as a whole for 1956 was 11.7 per 1,000 of the population.

Table V.S.4 shows that of these deaths, 212 were due to cancer and 527 to diseases of the heart and circulatory system. These two causes, therefore, accounted for 739 out of a total of 1,183 deaths, i.e. approximately 62%. Deaths from tuberculosis (all forms) were the lowest on record, there being a total of 15 deaths against the previous lowest of 28 deaths in 1955.

The infantile mortality rate at 27.4 for 1,000 live births, shows an improvement on previous years, and is the lowest on record for the Borough. This rate is, however, still high in comparison with the National average rate of 23.8 per 1,000 live births.

The maternal mortality rate for the year 1956 was 1.04 per 1,000 live and still births.

Further reference to the infantile and maternal mortality death rates is made in the appropriate sections of this Report.

Causes of Death.—Figures relating to the causes of, and ages at, death are given in Table V.S.4.

Deaths from Tuberculosis.—Tuberculosis was the cause of 1.3% of all deaths that occurred during 1956. The corresponding percentage in 1955 was 2.3. The ages at which these deaths occurred are shown in Table V.S. 4. Further reference is made in the special section (VII) on Tuberculosis.

Malignant Diseases.—The deaths from these diseases during the past five years were as follows:—

Table V.S.2.

AGE GROUPS	1952	1953	1954	1955	1956
Under 1 year	—	—	—	—	1
1—	—	1	—	—	—
5—	2	—	1	—	—
15—	2	1	1	—	2
25—	20	16	8	17	9
45—	74	87	83	88	99
65—	51	58	67	61	61
75 and over	29	33	32	47	40
Total	178	196	192	213	212
Percentage of the total deaths	15.8	17.1	15.9	17.2	17.9
Death rate per 1,000 of population.....	1.6	1.8	1.7	1.9	1.9

It will be observed from Table V.S.2 that cancer deaths accounted for more than one-sixth of the total deaths in the Borough.

The following table V.S.3, gives particulars of deaths due to malignant causes during the last five years:

Table V.S.3.

Cause	1952		1953		1954		1955		1956	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer—										
Stomach	19	21	29	14	23	13	34	16	26	11
Lung	30	4	34	3	42	7	31	8	53	5
Other	57	47	51	65	56	51	55	69	52	65
Totals	106	72	114	82	121	71	120	93	131	81
	178		196		192		213		212	

A marked tendency towards an increased incidence of Cancer of the Lung is very noticeable from an examination of the figures in the above table. This is strikingly so in the case of male deaths from this type of the disease, where 30 deaths due to this occurred in 1952 and 53 deaths (almost double the 1952 figure) occurred in 1956. In the case of female deaths there is no marked similar trend.

Particular attention has lately been drawn to the dangers of cigarette smoking in relation to the incidence of lung cancer. If it is conceded that heavy smoking in males is more common than in females then one might say that the figures noted would tend to support this theory. It would be, however, an over-simplification of the problem to state that the increase in male deaths is solely attributable to this factor. No decision might be undertaken from a statistical standpoint until some time ahead when the relative sex incidence of deaths from lung neoplasms may be assessed on a basis that heavy cigarette smoking has reached a parity as between the two sexes.

There is no doubt, however, about the present statistical findings that lung cancer occurs more frequently among heavy cigarette smokers than among non-smokers. To those of us with long experience in preventive measures in Public Health Education, it will be an extremely difficult task to ask the confirmed heavy smoker to give up smoking entirely. The solution would seem to lie in warning adolescents and so prevent the formation of a habit which may prove harmful and fatal if carried to excess.

The high number of deaths due to cancer is a matter of concern both nationally and locally. The working, environmental and personal circumstances of 117 persons who died of malignant neoplasms either as primary or secondary causes, were investigated by the Health Department during the year as part of the research work on pathogenesis conducted in North Wales, West Cheshire and South West Lancashire. The research commenced on 1st July 1952 and ceased on 30th June 1956.

An air filter instrument to collect smoke deposits for subsequent analysis in respect of substances suspected to be carcinogenic, is installed at the Public Health Inspector's Office, Hardshaw Street, St. Helens.

Table V.S.4.

Causes of, and ages at, death during 1956

Causes of Death	Sex	All Ages	0—1	1—	5—	At Ages 15—	25—	45—	65—	75—
Tuberculosis Resp.	M	10	—	—	—	—	2	4	4	—
	F	2	—	—	—	—	—	2	—	—
Tuberculosis Other	M	1	—	—	—	—	—	1	—	—
	F	2	—	—	1	—	—	—	1	—
Syphilitic Disease	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Meningococcal Infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	M	1	—	—	—	—	—	1	—	—
	F	2	—	—	1	—	1	—	—	—
Malignant Neoplasm, Stomach	M	26	—	—	—	—	—	15	5	6
	F	11	—	—	—	—	—	4	2	5
Malignant Neoplasm, Lung, Bronchus	M	53	—	—	—	—	4	25	16	8
	F	5	—	—	—	—	—	1	3	1
Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	—	2	7	—	2
Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—
	F	15	—	—	—	1	2	8	4	—
Other Malignant and Lymphatic Neoplasms	M	52	1	—	—	1	1	24	15	10
	F	39	—	—	—	—	—	15	16	8
Leukaemia, Aleukaemia	M	5	—	—	—	1	2	—	—	2
	F	2	—	—	—	—	—	1	1	—
Diabetes	M	2	—	—	—	—	—	1	—	1
	F	10	—	—	—	—	—	1	3	6
Vascular Lesions of Nervous System	M	60	—	—	—	—	1	14	30	15
	F	71	—	—	—	—	—	13	23	35
Coronary Disease, Angina	M	111	—	—	—	—	5	46	40	20
	F	64	—	—	—	—	—	10	32	22
Hypertension with Heart Disease	M	15	—	—	—	—	—	4	5	6
	F	21	—	—	—	—	1	7	6	7
Other Heart Disease	M	76	—	—	—	—	5	14	18	39
	F	68	—	—	—	—	5	7	20	36
Other Circulatory Disease	M	29	—	—	—	—	1	1	10	17
	F	12	—	—	—	—	—	2	3	7
Influenza	M	4	—	—	—	—	—	2	—	2
	F	2	—	—	—	—	—	1	—	1
Pneumonia	M	25	4	1	1	—	1	7	5	6
	F	19	3	—	—	—	—	2	6	8
Bronchitis	M	68	—	1	—	—	1	25	25	16
	F	22	—	—	—	—	—	5	9	8
Other Diseases of Respiratory System	M	8	—	—	—	—	1	3	3	1
	F	4	—	—	—	—	—	2	1	1
Ulcer of Stomach and Duodenum	M	8	—	—	—	—	—	2	5	1
	F	—	—	—	—	—	—	—	—	—
Gastritis, Enteritis and Diarrhoea	M	4	4	—	—	—	—	—	—	—
	F	5	1	—	—	—	1	1	1	1
Nephritis and Nephrosis	M	9	—	—	—	—	1	2	2	4
	F	9	—	—	—	—	—	3	4	2

Table V.S.4.—continued.

Causes of Death	Sex	All Ages	At Ages							
			0—1	1—	5—	15—	25—	45—	65—	75—
Hyperplasia of Prostate	M	14	—	—	—	—	—	1	6	7
	F	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—
Congenital Malformations	M	4	3	—	—	—	—	1	—	—
	F	4	3	1	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	M	76	16	1	1	1	3	11	15	28
	F	68	16	—	—	2	2	13	7	28
Motor Vehicle Accidents	M	8	—	—	1	2	2	1	1	1
	F	3	—	1	1	—	1	—	—	—
All Other Accidents	M	13	—	1	1	1	4	2	1	3
	F	18	1	2	—	—	1	—	4	10
Suicide	M	3	—	—	—	—	1	2	—	—
	F	6	—	—	—	—	2	3	1	—
Homicide and Operations of War	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
All Causes	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
TOTALS		1183	52	8	7	9	56	317	353	381

INFANTILE MORTALITY.—During 1956 there were 51 deaths of infants under one year of age (27 males and 24 females), corresponding to an infantile mortality rate of 27.4 per 1,000 live births. This compares with 59 deaths and a rate of 32.9 in 1955.

Careful supervision continued to be exercised during the year and investigations have been carried out in every instance where death has occurred in a child under one year of age. A summary of the findings following these investigations is given in the section of this Report dealing with Maternity and Child Welfare.

II.—METEOROLOGY

Rainfall.—The total rainfall for 1956 as measured at the Victoria Park Observatory was 34.29 inches compared with 28.4 inches in 1955. At the Eccleston Hill Waterworks 36.20 inches were recorded compared with 29.59 inches in the previous year.

The highest daily rainfall of the year—0.85 inch—occurred during the 24-hour period ending at 9 a.m. on August 27th. Four months—January, April, July and August—had more than 3 inches of rain, and the wettest month by far was August, with a total of 9.21 inches. February was the driest month with a total of 0.38 inches. 46% of the year’s rainfall fell during June, July and August.

Sunshine.—1140 hours of sunshine were recorded during the year, one third of it during June, July and August. The sunniest month was May with 231 hours. 14 hours of sunshine were recorded on July 10th and during May more than 10 hours were recorded on no less than 9 separate days.

Temperature.—The highest recorded temperature of the year was 75.2°F on August 9th; the lowest 12.5°F on February 2nd.

Wind Pressure.—Strong winds of over 30 m.p.h. were recorded on January 1st and November 25th.

The following Table M.1., shows the maximum and minimum temperatures recorded in each month and the distribution of sunshine and rainfall throughout the year.

Table M.1.

Month	Maximum temperature recorded in shade	Minimum temperature recorded in shade	Sunshine	No. of sunless days	Rainfall	No. of days on which rain fell
	°F	°F	Hours		Inches	
January	54	25	27 ³ / ₄	17	4.16	20
February	51	12.5	68 ³ / ₄	7	0.38	6
March	60	26.9	104	3	0.75	5
April	60.1	27	134	2	3.09	11
May	74.4	35.6	231	1	0.91	8
June	73	41	145	3	1.89	15
July	75.2	45.8	134	4	4.61	20
August	69.5	39.5	109	5	9.21	22
September	73.6	38.5	69	5	2.97	13
October	66	27.3	81	3	2.47	16
November ..	55	25.2	34	13	1.83	14
December	56	22	2 ¹ / ₂	28	2.03	17
			1140	91	34.29	167

III.—INFECTIOUS DISEASES

General Observations.—The year 1956 was remarkable for the low incidence of infectious diseases in the Borough.

No cases of anterior poliomyelitis were notified during the year.

For the fifth successive year, no case of diphtheria occurred in the County Borough.

There was a marked decrease in the number of cases of the three more common infectious diseases, that is, scarlet fever, measles and whooping cough.

The total number of cases of measles notified in 1956 was the lowest recorded since 1943. There were no deaths attributable to either measles or whooping cough during the year.

The number of cases of scarlet fever occurring in 1956, although fairly high, was considerably less than in 1955. The majority of cases were of a very mild type.

There was a marked decrease in the notifications of dysentery as compared to the two previous years. The positive organism in every instance was *Shigella Sonnei* and the cases were confined to sporadic familial outbreaks. The problem, as of old, lies in the control of the symptomless carrier of the organism, and the prevention of epidemic occurrence is very largely a matter which rests on the question of personal hygiene. It is, therefore, at least satisfactory to record that this decreased incidence during the year may be due to a greater public awareness of the necessity for personal hygiene, particularly in the handling of food. It is satisfactory to record that there were no large scale epidemics associated with the contamination of food prepared for public consumption.

Table I.D.1.

Notification of Infectious Diseases received during the undermentioned years.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	324	345	243	121	130	327	92	116	658	286
Diphtheria	32	13	8	1	1	—	—	—	—	—
Measles	1695	1475	857	300	2613	1022	1600	830	1083	295
Whooping Cough	221	492	422	407	552	616	613	95	484	286
Enteric Fever	—	—	—	—	6	—	1	3	—	—
Dysentery	53	25	10	58	16	18	4	133	198	67
Erysipelas	12	24	17	18	14	19	10	7	15	9
Pneumonia*	102	62	59	25	91	58	36	30	35	27
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	9	6	1	—	3	4	1	1	4	1
Ophthalmia										
Neonatorum	3	2	2	1	—	—	3	1	1	—
Acute Poliomyelitis.....	12	5	1	8	6	4	—	6	5	—
Acute Encephalitis	—	—	—	—	—	2	—	—	—	—
Meningococcal										
Infections	6	3	3	4	6	5	9	4	1	8
Malaria	—	2	—	—	—	—	—	1	—	—

* Acute Primary and Influenzal

Table I.D.2.

Infectious Diseases.—Total number of cases notified, number of cases admitted to isolation hospital, and the total deaths from each disease as shown in Registrar General’s classification of deaths.

Year 1956

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	286	150	—
Diphtheria	—	—	—
Measles	295	5	—
Whooping Cough	286	5	—
Enteric Fever	—	—	—
Dysentery	67	6	—
Erysipelas	9	2	—
Pneumonia, Acute Primary and Influenzal	27	2	—
Typhus Fever	—	—	—
Puerperal Pyrexia	1	—	—
Ophthalmia Neonatorum	—	—	—
Acute Poliomyelitis	—	—	—
Acute Encephalitis	—	—	—
Meningococcal Infections	8	8	—
Malaria	—	—	—
Food Poisoning	12	7	—

Table I.D.3.

Age distribution of cases of Infectious Diseases notified.

Year 1956

DISEASE	Notifications received	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	286	1	11	19	41	43	140	27	2	2	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	295	12	45	54	54	48	76	4	2	—	—	—	—
Whooping Cough	286	33	26	31	41	25	124	6	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	67	2	5	3	9	4	19	4	1	15	3	1	1
Erysipelas	9	—	—	—	—	—	—	—	—	1	1	4	3
Pneumonia*	27	2	4	4	1	—	4	1	—	2	2	4	3
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	8	3	3	—	—	—	—	—	1	—	1	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	12	5	1	1	1	—	1	1	—	1	—	—	1

*Acute Primary and Influenzal

Disinfection and Disinfestation.—By arrangement with the Liverpool Regional Hospital Board the use of facilities for disinfection of personal articles of patients is retained at the St. Helens Peasley Cross Isolation Hospital. Facilities are also retained at this Hospital in the Cleansing Block for the treatment of scabies and the cleansing of verminous persons. During 1956, 2 cases of scabies were treated, and 8 infested persons were cleansed under these arrangements. The corresponding figures for 1955 were 7 cases of scabies and 12 infested persons.

Laboratory Work.—The following Table, I.D.4., shows the number of specimens received by the Health Department for distribution to various laboratories during the year.

Table I.D.4.

Specimens	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	66	—	66
Blood for Rh Factor	443	333	110
Gastro-Enteritis, Dysentery, and Food Poisoning	706	146	560
Typhoid and Paratyphoid	14	—	14
Other Specimens	3	—	3
Total	1232	479	753

IV.—IMMUNISATION AND VACCINATION

Diphtheria Immunisation.—In 1956 the Local Authority's Scheme for Diphtheria Immunisation of the child population was continued as previously. Table I.V.1, below, indicates the number of children in different age groups who received primary immunisation and reinforcing injections in 1956.

Table I.V.1.
Number of children immunised against Diphtheria during 1956.

	Under 1 year	1-4 years	5-14 years	15 years or over	Total
Primary Immunisations					
Local Authority Medical Officers	418	224	231	—	873
Private Practitioners	230	104	9	—	343
Total	648	328	240	—	1216
Reinforcing Injections					
Local Authority Medical Officers	—	191	1065	—	1256
Private Practitioners	—	23	29	1	53
Total	—	214	1094	1	1309

The following shows the record of primary immunisations carried out since 1951.

1951	1952	1953	1954	1955	1956
1511	1551	3071	1994	1476	1216

It will be seen that the figure for primary immunisations against diphtheria during the year showed a decrease. This is an unsatisfactory state of affairs and must give rise to uneasiness. It is very true that the immunisation programme against preventable diseases has been expanded in the past two years, so that the health worker may often be inclined to concentrate more on the immediate propaganda campaign which is attracting the public interest, e.g. as in the case of acute poliomyelitis, and be inclined to lessen the emphasis on the programme of prevention against the older enemies of child health. Those of us who have been in control of Infectious Diseases hospitals, and remember the clinical fatality of diphtheria, can never rest content with a low diphtheria immunisation rate. Protection against diphtheria must always be assured as an essential part of the child's protection against one of the communicable diseases.

Table I.V.2.
Diphtheria Immunisation in relation to child population.

Number of Children at 31st December, 1956, who had completed a course of Immunisation *at any time before that date* (i.e. at any time since 1st January, 1942).

Age at 31/12/56 i.e. Born in Year	Under 1 1956	1-4 1955-1952	5-9 1951-1947	10-14 1946-1942	Under 15 Total
Last complete course of injections (whether primary or booster)					
(A) 1952-1956	238	3,629	6,568	5,550	15,985
(B) 1942-1951	—	—	1,323	2,242	3,565
(C) Estimated mid-year child population	1,820	6,980	18,400		27,200
•Immunity Index	13.1%	52.0%	65.9%		58.8%

*The Immunity index refers only to children who have had either a primary or re-inforcing injection during the last five years.

The following Table, I.V.3., shows the number of children immunised under this scheme during the year.

Table I.V.3.
Number of children immunised against Whooping Cough during 1956.

	under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5 yrs.	over 5 yrs	Total
(1) Primary Immunisation								
(a) <i>Whooping Cough Antigen only</i>								
Local Authority Medical Officers	—	—	—	3	1	1	—	5
Private Practitioners	1	—	—	1	1	—	3	6
Total 1 (a)	1	—	—	4	2	1	3	11
(b) <i>Combined with Diphtheria Antigen</i>								
Local Authority Medical Officers	417	94	21	7	6	2	—	547
Private Practitioners	225	83	9	4	6	3	8	338
Total 1 (b)	642	177	30	11	12	5	8	885
Grand Total 1 (a) & (b)	643	177	30	15	14	6	11	896
(2) Reinforcing Injections								
(a) <i>Whooping Cough Antigen only</i>								
Local Authority Medical Officers	—	—	—	—	—	—	1	1
Private Practitioners	—	—	—	—	1	—	—	1
Total 2 (a)	—	—	—	—	1	—	1	2
(b) <i>Combined with Diphtheria Antigen</i>								
Local Authority Medical Officers	—	—	—	—	16	23	11	50
Private Practitioners	—	—	6	—	11	11	12	40
Total 2 (b)	—	—	6	—	27	34	23	90
Grand Total 2 (a) & (b)	—	—	6	—	28	34	24	92

Vaccination.—The following Table, I.V.4., is a record of the vaccinations carried out during 1956.

Table I.V.4.
Number of Vaccinations against Smallpox during 1956

	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Vaccinations						
Local Authority Medical Officers	343	2	—	—	1	346
Private Practitioners	396	7	7	12	37	459
Total	739	9	7	12	38	805
Re-Vaccinations						
Local Authority Medical Officers	—	—	—	—	4	4
Private Practitioners	—	1	3	9	131	144
Total	—	1	3	9	135	148

VACCINATION AGAINST POLIOMYELITIS

Following receipt of Ministry of Health Circular 2/56, which outlined the scheme for the vaccination of children against Poliomyelitis, arrangements were made in St. Helens to make vaccination available to children in the selected age group, i.e. children born during 1947—1954 inclusive.

An intensive publicity campaign was organised locally comprising mainly of notices in the press and on the screens of local cinemas, poster displays and the distribution of leaflets through Health Visitors and to the schools. The response was very satisfactory and in all 4,846 children (2,478 boys and 2,368 girls) in the eligible age group were registered for future vaccination.

During 1956 a total of 447 children were dealt with. Of these, 433 received a complete course of two injections and 14 were given a first injection. At the end of the year the latter were awaiting a second injection.

Particulars of the children registered for vaccination and the actual vaccinations carried out are given below:—

<i>Children registered on 31st March 1956 for vaccination against Poliomyelitis</i>			
<i>Year of Birth</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947	570	553	1,123
1948	526	506	1,032
1949	471	422	893
1950	430	439	869
1951	255	217	472
1952	101	103	204
1953	72	73	145
1954	53	55	108
	2,478	2,368	4,846

**PARTICULARS OF POLIOMYELITIS VACCINATIONS
CARRIED OUT DURING 1956**

Year at Birth	Month of Birth				Total
	March	August	October	November	
1947	—	24	—	64	88
1948	—	27 (2)	—	59	86 (2)
1949	—	17	—	50	67
1950	—	15	—	37 (1)	52 (1)
1951	44 (4)	8 (1)	—	23	75 (5)
1952	14 (2)	6	1 (1)	9	30 (3)
1953	8 (1)	3	—	12	23 (1)
1954	3 (1)	3	1	5 (1)	12 (2)
Total	69 (8)	103 (3)	2 (1)	259 (2)	433 (14)

(Children who received only one injection are shown in brackets).

V.—AMBULANCE SERVICE

Table A.S.1 gives the details of the work carried out by the Ambulance Service in St. Helens during 1956.

· Use of Radio Telephony in the Ambulance Service

Radio-telephony.—Below is reproduced a report prepared by the Ambulance Superintendent on the use of radio-telephony in the Ambulance Service.

“In July 1954 the Borough boundary was extended to include Moss Bank and part of Windle. This increased the area to be covered by the County Borough Ambulance Service, and it was considered that an extra vehicle would require to be added to the fleet strength together with the appropriate number of personnel to man the vehicle.

Immediate economies effected.—It was decided at this time that rather than add additional staff and vehicles to the ambulance strength, it might be possible to effect a saving by the introduction of radio telephony. This was accordingly installed in October 1954 and the following figures are presented to the Committee to show the result in the reduction of time and mileage per patient, despite increased work carried out.

<i>Period</i>	<i>Total Patients</i>	<i>Mileage</i>	<i>Miles per Patient</i>
1952—'53 Oct. to Sept.	26,759	102,135	3.8168
1953—'54 Oct. to Sept.	27,109	101,380	3.7397
1954—'55 Oct. to Sept.	31,586	103,028	3.2618
1955—'56 Oct. to Sept.	29,951	97,550	3.2570

Consideration of the above figures will show that there was an increase in 1954/55 of 15.77% in total patients carried, as compared with 1953/54, and also an increase of 1.62% in total mileage run. Despite this there was a decrease of 0.48 miles per patient carried.

Similarly comparing 1955/56 with 1953/54 there was an increase of 10.5% in the total patients carried, but the total mileage run was down by 3.78% and there was again a decrease of 0.48 miles per patient carried.

No attempt has been made to calculate this saving in terms of finance, but it is obvious that the equivalent of the mileage saved in fuel and other overhead expenses is quite considerable.

Increase in efficiency.—There has been a considerable increase in the efficiency and working of the service since the introduction of radio telephony. Contact is maintained with each vehicle throughout the whole period it is out of the ambulance station. This area of contact extends on the west side to Old Swan and Walton, on the south side to Warrington and Knutsford, on the east side to Leigh and on the north side to Wigan.

Ambulances can now be diverted at any stage on their return journeys to the depot to pick up patients from hospitals or other points. Formerly these vehicles would have had to return to the control centre and go out again—a factor which constituted a great loss of time and considerable expenditure of fuel. In the same way mobile ambulances can be transferred immediately to accidents if these should occur anywhere close to the return route of the vehicle, and this has been found most valuable, especially in the case of works and colliery accidents.

General remarks.—The following may illustrate in detail certain examples of how radio telephony has proved not only of the greatest help, but has also proved a source of vital communication in urgent situations:—

(a) **Street accidents:**

Street accidents are quite often reported through 999 calls by persons who are unable to assess the extent of personal injuries or the extent of the accident itself. Once, however, an ambulance has arrived at the scene, details can immediately be given by radio telephone to the central control who can call upon the police or fire service if they are required. In the same way, details of home accidents or acute emergencies in the home can be reported by radio telephony to the central control who can warn the hospital authorities in advance, and so allow them to make preparation for specific types of accidents.

As an outstanding illustration of the use of radio telephony one may recall the accident at Messrs. Boots premises in Ormskirk Street. Within two minutes of the accident, two ambulances were on the scene picking up casualties, and within five minutes, three more ambulances had been contacted, diverted and had arrived at the scene of the accident.

(b) **Maternity cases:**

It has been found on some occasions that expectant mothers who have booked for hospital confinements have delayed calling ambulances during the night hours, preferring to wait until daylight. If, however, owing to this delay, the ambulance has to be urgently called, it has been found that a radio telephone call will enable central control to alert by ordinary telephone a District Midwife who is then ready and prepared to accompany the case to hospital after emergency treatment. This is obviously an instance where the time saved is of the greatest benefit to the patient.

(c) **Hospital Outpatients:**

The removal of outpatients from their homes to hospitals, forms a very large part of ambulance work. This work, however, is rendered very difficult by the fact that patients are sometimes not at home when called for, or wrong addresses, or wrong times of appointment are given, which causes a great deal of confusion. By the use of radio telephony, however, corrected messages relating to addresses or times of appointment etc. can be transmitted immediately to the drivers of the ambulances and by this means, a great deal of wasted mileage is prevented and a great deal of wasted time on the part of the drivers is saved."

Vehicles.

The following vehicles were in commission at the end of the year:—

Austin, ADJ 532 (year 1949).

Morris, BDJ 97 (year 1950).

Austin, BDJ 828 (year 1951).

Austin, CDJ 233 (year 1952).

Austin, CDJ 234 (year 1952).

Austin, EDJ 411 (year 1955).

Bedford, DDJ 928 (year 1954)

(Dual-purpose).

Hillman, BDJ 392 (year 1950).

(Sitting-case Car).

Austin, ADJ 437 (year 1936)

Austin, DJ 9102 (year 1943)

} Retained for Civil Defence
purposes.

Table A.S.1.
CALLS ATTENDED BY AMBULANCE SERVICE DURING 1956.

Month	Accidents			Sudden Illness	Maternity	Hospital Admissions	Hospital Discharges	Hospital Transfers	Out-Patients	Total
	Street	Works	Home							
January	61	27	28	25	76	266	213	28	2322	3046
February	42	40	28	24	93	271	243	26	2215	2982
March	39	32	28	24	109	211	253	23	2055	2774
April	63	32	24	32	92	251	237	37	1911	2679
May	45	43	34	23	96	249	247	47	2204	2988
June	44	23	25	23	91	196	208	40	1980	2630
July	52	37	36	33	91	234	207	38	1950	2678
August	45	30	35	38	93	177	193	28	1901	2540
September	69	29	25	24	82	205	154	24	1935	2547
October	43	47	42	31	79	226	281	38	2109	2896
November	35	39	17	36	82	192	165	32	1728	2326
December	59	42	41	39	72	209	210	25	1723	2420
TOTAL	597	421	363	352	1056	2687	2611	386	24033	32506

Table A.S.2.
AMBULANCE SERVICE MILEAGES DURING 1956.

Month	ADJ 532	BDJ 828	BDJ 97	BDJ 392	CDJ 233	CDJ 234	DDJ 274	DDJ 928	EDJ 411	Total
January	700	778	1231	378	1047	1162	852	1470	1264	8882
February	887	108	1142	375	1062	1412	1122	1338	1248	8694
March	536	856	1137	354	1045	999	1259	1765	1394	9345
April	740	1228	675	523	994	837	1108	1489	942	8536
May	901	998	873	469	1311	723	1386	1641	955	9257
June	481	537	1161	472	1024	1171	1073	1693	782	8394
July	416	1220	968	189	1379	1008	1005	1239	1242	8666
August	194	1129	888	211	1004	1187	1338	1561	944	8456
September	853	809	744	193	515	1516	860	1648	860	7998
October	713	1317	1212	258	1126	1100	1069	1713	1172	9680
November	297	1112	1874	355	1092	1138	1016	1016	875	7775
December	278	858	965	705	925	1093	1108	1503	897	8332
TOTAL	6996	10950	11870	4482	12524	13346	13196	18076	12575	104015

VI.—MENTAL HEALTH SERVICE

The responsibilities of the Local Health Authority under the National Health Service Act, 1946, for community care in relation to Mental Health include the following:

- (1) The investigation of cases of mental ill-health and, where necessary, the initial care and removal of such cases to hospitals under the Regional Hospital Board in accordance with the Lunacy and Mental Treatment Acts.
- (2) The ascertainment of cases of mental deficiency; the supervision, guardianship and occupational training of such cases and, where necessary, their removal to hospitals in accordance with the Mental Deficiency Acts; and special provisions relating to short-term care of mental defectives under the National Health Service Act.
- (3) Prevention, care and after-care measures in the community in the Mental Health field.

Administration. The powers and functions of the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, are carried out by the Local Health Committee, which has appointed a Mental Health Sub-Committee.

This Sub-Committee consists of the Chairman and Deputy-Chairman of the Health Committee, together with eight other members of the Health Committee. All powers and duties of the Local Health Authority, so far as they relate to Mental Health and Mental Deficiency, may be referred to this Sub-Committee for report to the Health Committee. It was found convenient, however, during the year to take all matters affecting the Mental Health Service direct to the Health Committee.

Mental Health Staff. The Medical Officer of Health is responsible for the organization and control of the local services under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938. The day-to-day administration of the Mental Health Department is supervised by an Assistant Medical Officer of Health. Use is also made of the Consultant Psychiatrist at present on the staff of the Local Education Authority, and, where necessary, of Specialist Medical Officers of the Regional Hospital Board.

The non-medical staff consists of two Mental Health Workers (one male and one female), both of whom have attended approved courses of training, and one sectional clerk (male). All three are designated as Duly Authorised Officers.

The staff of the Occupation Centre for Mental Defectives consists of a Supervisor, 2 Assistant Supervisors, and a Guide and General Helper.

For the purposes of Section 5 of the Mental Deficiency Act, 1913, the following have been appointed approved Medical Officers:—

Dr. Gerald O'Brien, Medical Officer of Health, St. Helens.

Dr. James H. Walsh, Deputy Medical Officer of Health, St. Helens.

Dr. M. Joyce Caldwell, Psychiatrist, Child Guidance Clinic, St. Helens Education Authority.

Dr. N. J. W. Thompson, a local general practitioner with experience in mental deficiency ascertainment.

Co-ordination with Regional Hospital Boards. There are frequent consultations with the Board's Consultant Psychiatrists, and growing use is made of the domiciliary visiting service whereby the Psychiatrists are called in and are able to visit patients in their own homes. In addition, one or other of the Mental Health Workers make frequent visits to the local hospital psychiatric out-patient sessions.

The Local Health Authority is also undertaking, on request, the supervision of patients on trial or on licence from Mental Hospitals and Hospitals for Mental Defectives.

The number of visits paid, the number of cases involved and the number of reports submitted during 1956 were as follows:—

	<i>No. of Cases</i>	<i>No. of Visits Paid</i>	<i>No. of Reports Submitted</i>
Mental Illness			
Reports on home conditions for licence on trial or discharge	7	7	7
Mental Deficiency			
Progress Reports.....	8	16	15
Reports on home conditions for licence on trial or discharge	16	22	23
Reports on home conditions for the purpose of Section 11 of the Mental Deficiency Act, 1913.....	31	34	34

Duties Delegated to Voluntary Associations. No duties of the Local Health Authority have been delegated to voluntary organisations. The St. Helens Mental Welfare Society, however, assists in welfare activities among mental defectives, in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. The Local Health Authority continued its grant to the funds of the Society for this work. The Women's Voluntary Services also assist in the provision of clothing and footwear.

**ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY
UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946**

Prevention. In dealing with the problem of prevention of mental illness the activities of the Mental Health Workers were focussed mainly on domiciliary visiting and arranging contacts with suitable organisations for those in need of advice or early treatment.

Close co-operation has been maintained by the Mental Health Service with practitioners and Consultant Psychiatrists of the local mental hospital. During the year 14 attendances were made by the Mental Health Workers of the Local Authority at the local Hospital Psychiatric Out-Patient Clinic.

In addition, a valuable link is provided by frequent case consultations between the Health Visitors of the various districts in the town and the Mental Health Workers.

The importance of preventive Mental Health Services is becoming more generally realised, with the emphasis gradually shifting to the principle of early diagnosis and treatment. Following requests from Consultant Psychiatrists, general practitioners, parents and relatives, and from patients themselves, the Mental Health Workers paid 129 visits during the year in dealing with the following cases:—

- 13 cases with domestic difficulties who were visited and improvement brought about in the home circumstances. In some of these cases material assistance was obtained from various voluntary organisations.
- 11 cases were admitted to geriatric units.
- 4 cases were persuaded to undergo out-patient treatment.
- 5 cases were receiving supervisory visits.
- 1 case was referred to the Marriage Guidance Council.
- 2 cases were admitted to voluntary homes.
- 2 cases were admitted to chronic sick accommodation.
- 4 cases were assisted in the provision of clothing and bedding.

Care. In this sphere of activity it was found that the majority of the problems dealt with arise in family life as a result of the admission of a member of the family to hospital. Advice and assistance were sought from the Mental Health Department on many occasions by relatives and not infrequently by request of the patients themselves. In many instances at the request of Consultant Hospital Psychiatrists in the area home visits were paid to relatives of in-patients and social histories completed.

During the year under review, a number of elderly people were admitted to geriatric wards, thus obviating a recent tendency to admit senile dementia cases to mental hospitals and avoiding certification.

During the year 143 visits were made in dealing with the undermentioned cases:—

- 15 cases of patients in hospitals whose home difficulties were to some extent detrimental to their recovery. Instances of these were National Assistance grants, housing difficulties, property worries, National Insurance and Pension problems and visiting arrangements.
- 7 cases in respect of which social histories were completed.
- 3 cases in which special interviews were arranged for the relatives of patients at out-patient clinics.
- 4 cases where children were involved were referred to the Children's Department and/or the N.S.P.C.C.
- 1 case was referred to the Home Help Service.
- 2 cases were referred to the Welfare Services in connection with the care of property.

After-Care. The following summary gives the Local Health Authority's after-care record during 1956:—

Number on list at 1/1/1956	196
Discharged persons requesting after-care	84
	<hr/>
	280
Deleted from list during 1956	89
	<hr/>
Number on list at 31/12/1956	191
	<hr/>

After-care presents a wide sphere of activity due to the increased present day tendency adopted by the mental hospitals to admit voluntary rather than certified patients. Numbers of patients are discharged from hospitals weekly, with a consequent load on the Mental Health Services. Rehabilitation of patients is a necessary part of the work of the Mental Health Workers, and in discharging this, contact is made with the Disablement Rehabilitation Service of the Ministry of Labour, Welfare Officers of local firms, and various other organisations.

In dealing with the following cases during the year, 251 home visits were made by the Mental Health Workers:

- 35 cases requiring further treatment were re-admitted to hospitals.
- 43 cases completely recovered, needing no further after-care service.
- 3 cases with slight deterioration were successfully treated as out-patients.
- 2 cases were admitted to a voluntary home.
- 4 cases assisted with accommodation and property difficulties.
- 12 cases were helped in finding employment.
- 4 cases in which families were assisted in dealing with domestic problems.
- 4 cases in which special grants were obtained.
- 2 cases in which holidays were arranged.
- 4 cases were assisted in the provision of food and clothing.
- 50 cases received supervisory visits.

In closing, it would be pointed out that the number of people seeking the aid of the prevention, care and after-care services is increasing yearly. This burden is eased by the fact that a happy relationship exists between the local medical practitioners, the local mental hospitals, the consultant psychiatrists and the mental health workers. During the year under review a total of 696 interviews were conducted in this connection.

THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of the work undertaken by Duly Authorised Officers under the above Acts, from 1st January, 1956 to 31st December, 1956:

1. Admitted to an Establishment designated for the purpose by the Minister of Health:		<i>Male</i>	<i>Female</i>	<i>Total</i>
(a)	On Three Day Orders under Section 20 of the Lunacy Act, 1890	26	16	42
(b)	On Justices' Fourteen Day Orders under Section 21 of the Lunacy Act, 1890	11	34	45
2. Summary Reception Orders made under Section 16 of the Lunacy Act, 1890:				
(a)	Following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890.....	17	23	40
(b)	Admitted direct to a mental hospital on a Summary Reception Order	—	1	1
3. Notified as an alleged person of unsound mind suffering from mental illness and dealt with as follows:				
(a)	Voluntary Patients	20	31	51
(b)	Temporary Patients	3	3	6
(c)	No Order made	5	6	11
4. Patients transferred from one Mental Hospital to another under Sections 64-67 of the Lunacy Act, 1890		1	1	2
5. Other notified admissions during the year:—				
Persons normally resident within the County Borough of St. Helens, admitted to Mental Hospitals under the Lunacy and Mental Treatment Acts, 1890-1930		68	70	138

The above figures cannot be taken as representing the true incidence of mental illness in the community since many early cases do not exhibit major symptoms requiring hospital treatment and probably are dealt with very successfully by general medical practitioners and by Consultant Psychiatrists at Out-Patient Hospital Clinics. Such cases may not come under the review of the Mental Health Service.

In addition, a number of cases (not St. Helens residents) are dealt with by virtue of the fact that they have been overtaken by mental illness while in the County Borough of St. Helens.

The following summary gives the disposal of known St. Helens patients in Mental Hospitals during the year:—

No. of Health Service Patients in Mental Hospitals on 1/1/1956	Male	Female	Total
.....	162	177	339
Admissions during the year	145	178	323
	307	355	662

	M.	F.	Total
Deaths during the year	5	9	14
Discharges during the year	134	166	300
	139	175	314

No. of Health Service Patients in Mental Hospitals on 31/12/1956	Male	Female	Total
.....	168	180	348

The number of patients in hospitals at the end of the year is at the rate of 3.1 per 1,000 of the population.

THE MENTAL DEFICIENCY ACTS, 1913-1938

Ascertainment. The total number of cases reported and referred as Mental Defectives from the 1st January, 1956 to 31st December, 1956 was 9. Particulars of these cases are shown in the following Tables.

Table M.H.1.
Cases Reported and Referred

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(a) Cases ascertained during 1956 as defectives "subject to be dealt with". Action taken on reports from:—					
(i) Local Education Authorities on children—					
1. Whilst at school or liable to attend school	1	1	—	—	2
2. On leaving special schools	—	2	—	2	4
3. On leaving ordinary schools	—	—	—	—	—
(ii) Police or Courts	—	—	—	—	—
(iii) Other sources	—	—	—	3	3
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with"	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) and (b)	—	—	—	—	—
Total number of cases reported in 1956	1	3	—	5	9

Table M.H.2.

Disposal of Cases

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(a) Those found "subject to be dealt with".					
(i) Placed under Statutory Supervision	1	3	—	4	8
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	1	1
(iv) Admitted to Hospitals	—	—	—	—	—
(b) Those not at present "subject to be dealt with".					
(i) Placed under Voluntary Supervision	—	—	—	—	—
(ii) Action unnecessary	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December, 1956	—	—	—	—	—
	1	3	—	5	9

Admissions to Hospitals.—During 1956 the total number of defectives admitted by Order to Hospitals was 4 (2 males and 2 females). The admissions were as follows:

	Under 16 yrs.		16 yrs. & over		Total
	M.	F.	M.	F.	
Direct from Home					
Under Section 6 of the Mental Deficiency Act, 1913	—	1	—	—	1
From "Places of Safety"					
Under Section 3 of the Mental Deficiency Act, 1913	—	—	—	1	1
Under Section 6 of the Mental Deficiency Act, 1913	1	—	1	—	2
	1	1	1	1	4

(A further case (male, under 16 years) was admitted to a hospital not yet designated as a mental deficiency hospital.)

At 31st December 1956, there were 15 cases (11 males and 4 females) awaiting vacancies in hospitals. Four of these cases (2 males and 2 females) were in a "Place of Safety".

Difficulty is still being experienced in obtaining vacancies for cases requiring hospital care, particularly on the male side. In spite of 5 admissions to hospitals during the year the waiting list at 31/12/1956 was 15. These cases have been classified as follows:

Table M.H.3.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
1. In urgent need of hospital care					
(i) Cot and chair cases	1	1	—	1	3
(ii) Ambulant low grade cases	4	—	—	1	5
(iii) Medium grade cases	—	—	2	—	2
(iv) High grade cases	—	—	—	—	—
2. Not in urgent need of hospital care					
(i) Cot and chair cases	1	—	—	—	1
(ii) Ambulant low grade cases	1	—	—	—	1
(iii) Medium grade cases	—	—	2	—	2
(iv) High grade cases	—	—	—	1	1
	7	1	4	3	15

None of the above cases is considered to be in need of hospital care solely because of poor environment.

Cases in Mental Deficiency Hospitals.—The number of cases from the County Borough of St. Helens who were in Mental Deficiency Hospitals at 31st December 1956, is given in the following table:

Table M.H.4.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Mental Deficiency Hospital —					
Ashton House	—	—	—	4	4
Birkenhead	—	—	1	1	2
Brockhall	4	1	22	14	41
Calderstones	1	1	17	12	31
Chorley	—	—	—	1	1
Cranage Hall	—	1	2	1	4
Greaves Hall	—	—	3	—	3
Lisieux Hall	—	—	5	—	5
Mary Dendy Home	—	—	2	1	3
Newchurch Hospital	—	1	—	4	5
Olive Mount	2	—	—	—	2
Rampton State	—	—	—	3	3
Royal Albert	1	—	4	1	6
Swinton	1	1	—	—	2
	9	5	56	42	112

Total number of Reported and Referred Cases at 31st December, 1956.
The total number of reported and referred cases for whom the Local Health Authority of the County Borough was responsible at the 31st December was as follows:—

Table M.H.5.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Under Statutory Supervision	23	22	33	39	117
Under Guardianship	—	—	1	3	4
In "Places of Safety"	2	—	—	2	4
Under Voluntary Supervision	—	—	20	11	31
	25	22	54	55	156

SUPERVISION—Statutory and Voluntary. This work is carried out by the Mental Health Workers/Duly Authorised Officers.

Cases under the Statutory Supervision of the Local Health Authority are visited regularly and reports of the visits submitted to the Medical Officer of Health. In this way, besides maintaining contact with the defective, it is possible for the Mental Health Workers to become aware of changes in family circumstances, etc. The visits occasionally bring to light domestic problems, and in some cases convalescent holidays have been arranged, hospital or general practitioner treatment obtained, and the help of various organisations sought for the mothers of defectives or members of their families. In this connection much work has been done in co-operation with the social services, probation services, the N.S.P.C.C., etc. Any special recommendations which have been made are noted and placed before the Health Committee.

The number of visits made to these cases during the year was 301.

Cases under Voluntary Supervision are also visited at regular intervals. These are cases which have been referred to the Local Health Authority otherwise than under Section 57 (3) and (5) of the Education Act, 1944. The number of visits made to these cases during 1956 was 27.

Guardianship.—Four cases are under the guardianship of parents, relatives or friends. In accordance with the appropriate legislation, these cases are examined by a Medical Officer of the Health Department staff at twelve monthly intervals and are visited by the Mental Health Workers regularly. (Each case is also, of course, on the list of a local medical practitioner.) As is the case with defectives under Supervision, any special recommendations are noted and placed before the Health Committee. During the year 15 visits were made by the Mental Health Workers.

After-Care.—Cases which are discharged from an Order under the Mental Deficiency Acts and return to their homes, are followed up so that assistance can be given in their general rehabilitation. (These cases are usually found suitable employment and make good citizens).

During the year 12 visits were made to 5 such cases.

Classification of Cases under Guardianship and Supervision. In Section A of the following Table, defectives under Statutory and Voluntary Supervision and Guardianship cases have been classified as to their suitability for various types of training, whilst those actually receiving such training at the 31st December, 1956 are shown in Section B.

Table M.H.6.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Section A.					
Considered suitable for :—					
(i) Occupation Centre	21	18	8	11	58
(ii) Industrial Centre	1	—	23	15	39
(iii) Home Training	1	4	8	12	25
	23	22	39	38	122
Section B.					
Number of cases receiving training on 31.12.1956					
(i) In Occupation Centre	16	10	9	11	46
(ii) In Industrial Centre	—	—	—	—	—
(iii) At home	—	—	—	—	—
	16	10	9	11	46

Cases removed from Lists during 1956.—Of the listed cases who were in hospitals or under community care (including Voluntary Supervision) or in “Places of Safety” on the 1st January, 1956, the following ceased to be under any of these forms of supervision as on 31st December, 1956:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Died, removed from area, or lost sight of	3	2	5
	3	2	5

Short-term Care.—In accordance with the provisions of Ministry of Health Circular 5/52, short-term care was arranged for a number of defectives while their families took their annual holiday or some member of the family was in hospital, etc.

	<i>Under 16 years</i>		<i>16 years and over</i>		<i>Total</i>
	M.	F.	M.	F.	
Admitted to National Health Service Hospitals	1	2	—	1	4
Admitted to Voluntary Homes, etc.	—	2	—	—	2
	1	4	—	1	6

During the year 246 interviews took place in the Mental Health Department in dealing with parents and relatives of mental defectives seeking advice and assistance.

Occupation Centre. The Occupation Centre is situated at “Stanley House,” Sinclair Street, St. Helens, the staff consisting of a Supervisor, 2 Assistant Supervisors, and a Guide and General Helper.

The premises comprise a very large assembly hall (which is utilised as a gymnasium and occupational therapy room for the older defectives), two class rooms for the juniors and one dining room.

Meals are provided through the Schools Meals Service of the Local Education Authority, the charges being in line with those operating in the schools throughout the Borough.

A free ’bus service is provided for the transport of the defectives to and from the Centre, and they travel under the supervision of members of the Occupation Centre staff.

Pupils are graded according to mental age and ability, and the curriculum includes instruction in handwork, sewing and embroidery, rug-making, singing and dancing. It is felt that an Industrial Centre would greatly improve the facilities for the older type of pupil.

The annual “Open Day” was held on the last day of the Christmas term, as also was the Christmas Party. The latter was provided by the St. Helens Mental Welfare Society, and gifts were presented to each pupil by Father Christmas.

During the summer suitable patients were taken on coach trips, funds for these being provided by the above-named Society.

The Centre is open from Monday to Friday of each week, and conforms to the normal terms and holidays which apply to the Primary Schools in the Borough.

Below is an extract from the attendance register:—

	Borough Pupils		County Pupils		Total
	M.	F.	M.	F.	
Number of pupils on Register on 1.1.1956	27	19	2	6	54
New admissions during the year	—	2	—	—	2
Number who ceased to attend during the year	2	—	—	—	2
Number on register at 31.12.1956	25	21	2	6	54
Average daily attendance during the year	21	16	1	4	42

VII.—TUBERCULOSIS

Incidence. In 1956, 116 persons were notified as suffering from pulmonary tuberculosis, 45 more than in the previous year. 6 cases of non-pulmonary tuberculosis were also notified during the year.

The total number of new cases was 129. This figure includes 7 cases added to the Register from other sources, e.g. Death Returns, etc. The total number of new cases for the previous year was 94.

Mortality. 15 deaths in 1956 were due to tuberculosis, of which three were caused by the non-pulmonary form of the disease.

The death rate from tuberculosis was therefore 1.4 per 10,000 of the population.

Table T.B.2. shows the incidence and death rate figures from 1937.

Table T.B.1.
Particulars of new cases and of deaths during 1956.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	1	—	—	—	—	—
1 —	3	1	—	—	—	—	—	—
5 —	1	7	—	2	—	—	—	1
15 —	8	15	1	1	—	—	—	—
25 —	26	22	—	1	2	—	—	—
45 —	26	2	1	—	4	2	1	—
65 —	7	1	—	2	4	—	—	1
75 —	1	—	—	—	—	—	—	—
Totals	72	48	3	6	10	2	1	2

Table T.B.2.
Number of cases notified and number of deaths each year, 1937 to 1956

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1937	87	46	60	15	5.6	1.4
1938	74	35	57	13	5.3	1.2
1939	57	39	49	21	4.6	1.9
1940	96	44	67	12	6.5	1.2
1941	81	33	46	23	4.5	2.2
1942	80	25	59	15	5.8	1.5
1943	107	24	64	12	6.4	1.2
1944	94	27	48	12	4.9	1.2
1945	81	25	58	13	5.8	1.3
1946	101	24	48	4	4.6	0.4
1947	111	10	68	9	6.4	0.9
1948	98	15	63	7	5.7	0.6
1949	96	16	58	7	5.2	0.6
1950	104	16	46	4	4.1	0.3
1951	87	17	33	8	3.0	0.7
1952	99	17	37	3	3.4	0.3
1953	104	20	27	4	2.5	0.4
1954	109	3	28	1	2.5	0.1
1955	71	7	24	4	2.1	0.4
1956	116	6	12	3	1.1	0.3

Tuberculosis Dispensary and Chest Clinic. The administration and clinical work of the tuberculosis service is carried out at Bank House, Claughton Street, under the supervision of the Area Chest Physician appointed by the Liverpool Regional Hospital Board. This officer is responsible to the Local Authority for work under that part of Section 28 of the National Health Service Act, 1946, which deals with the care and after-care of patients suffering from tuberculosis. The Welfare Officer, who is wholly employed by the Local Authority, occupies an office at the dispensary. Close liaison is therefore possible between the work of the Regional Board and that of the Local Authority.

During 1956 there were 4,557 attendances at the Dispensary, an increase of 753 over the previous year. A further 3,411 attendances were made for pneumothorax and pneumoperitoneum treatment.

Particulars of St. Helens cases on the Dispensary Register are set out in Table T.B.3.

Table T.B.3.

Register of St. Helens cases of Tuberculosis during 1956.

	Pulmonary	Non-Pulmonary
1. No. of cases on Tuberculosis Register on 1/1/1956.....	749	144
2. No. of cases added to the Register during 1956 —		
(i) Formal Notifications	116	6
(ii) New cases coming to knowledge of Medical Officer of Health from other sources—		
(a) From Local Death Returns	2	3
(b) From Registrar General's Death Returns (transferable deaths)	2	—
(c) Posthumous Notifications	—	—
(d) Transfers from other areas.....	11	—
(e) Other sources	—	—
3. No. of cases removed from Register during year—		
(a) Recovered	12	28
(b) Deaths—		
(i) Certified as due to Tuberculosis	12	3
(ii) Other Causes	4	—
(c) Transferred to other areas or lost sight of.....	18	1
4. No. of cases on Tuberculosis Register on 31/12/1956	834	121

Institutional Treatment. 89 patients from St. Helens were admitted to Eccleston Hall for treatment during the year 1956. There were 5 in-patient deaths of St. Helens cases during the twelve months.

VIII.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Three meetings of the Care and After-Care Sub-Committee were held during the year. The Sub-Committee consists of the following:—

5 Members of the Health Committee.

One representative from each of the following bodies:

The National Assistance Board

The Ministry of Labour and National Service.

The British Legion.

The Soldiers', Sailors' and Airmen's Families Association.

As in previous years the specialised knowledge of the co-opted members proved of great assistance in the work of the Committee. The work during the year was concerned with the welfare and assistance of both tuberculous and non-tuberculous patients.

Provision of milk as extra nourishment. The scheme for the provision of additional milk which was started in 1950 was continued during the year. Eligibility for issue in each case was approved by the Chest Physician. A remission of charges was made according to a scale approved by the local authority. 46 patients (two being observation cases) received milk during the year, of whom 20 were new cases and 26 old cases. 9 cases were supplied with 2 pints of milk daily and 37 cases with 1 pint daily, for periods varying from 4 to 12 weeks.

Provision of Nursing Requisites. As approved by the Health Committee various articles of nursing requisites are available, namely, air rings, urinals, bed pans, rubber sheetings, bed rests, commodes, bed cradles, etc. These articles are issued on loan in accordance with charges approved by the Health Committee.

The number of patients using the Nursing Equipment Loan Service during the year was 316. The total fees collected during the year was £50/0/4.

During the year the following gifts were received for use in the After-Care Service:—

11 Invalid Wheel Chairs
1 Back Rest
2 Bed Tables
Crutches

Nursing equipment was supplied on loan to four cases of paraplegia being nursed at home following discharge from Orthopaedic Hospitals.

Home Shelters. Home shelters are available for loan to tuberculous patients. Lighting and heating installation is provided by the Local Authority but the cost of current consumed is borne by the patient.

Colonisation. Provision is made for the maintenance and training of selected cases in tuberculosis colonies. One patient, first admitted to hospital in 1949 and colonised in May 1954 by agreement with the Health Committee, is still resident in the East Lancashire Tuberculosis Colony, payment being made by the Local Authority at the rate of £1 7s. 9d. per week.

Convalescent Treatment

(a) **Tuberculous Patients.** Several applications were made on behalf of tuberculous patients for convalescent treatment. One such patient was admitted, under the scheme operating at his place of employment, to a Convalescent Home at Llanfairfechan for a period of three weeks. Another was admitted through the British Legion to Byng House Convalescent Home, Southport, for two weeks. A third case was admitted to Boarbank Convalescent Home, Grange-over-Sands, for a period of two weeks. One other person had three weeks convalescence at one of the Hotels registered with the N.A.P.T. Spero Holiday Bureau. Application was made to the Education Authority on behalf of a tuberculous school child (non-infectious) for convalescent treatment and she was admitted for two months to the West Kirby Convalescent Home.

(b) **Non-Tuberculous Patients.** Application was made on behalf of two non-tuberculous female patients to the St. Helens District Nursing Association for convalescent treatment and both were admitted for two weeks to the Lear Home of Recovery, Hoylake. One male patient, following discharge from the Providence Hospital, was admitted for two weeks to the District Provident Society's Convalescent Home, Southport. Application was made on behalf of two infants, whose mothers were in-patients of Eccleston Hall Hospital, for convalescent treatment after discharge from Hospital and both were admitted for long periods to the Children's Convalescent Home, Ormskirk.

Occupational Therapy. Under Section 28 of the National Health Service Act, the Local Authority operate a scheme for domiciliary occupational therapy for tuberculous patients.

In the absence of a qualified Handicrafts Instructor the work is undertaken by the Welfare Officer and there has been considerable expansion of this Service. Informal handicraft classes are held at the Chest Clinic and home training has also been undertaken. The schedule of handicrafts includes leather work, rugmaking, embroidery, knitting, woodwork, basketry and the making of lampshades, soft toys and artificial jewellery, etc. Samples of completed work are on view throughout the year at the Chest Clinic.

Raw materials are purchased and issued to patients who are allowed to repay the cost by instalments. Pensioner patients are already provided with raw materials by the War Pensioners' Welfare Services or Regimental Funds and the local scheme ensures that non-pensioners may be similarly helped. Small hand-weaving looms and leather work tools, etc. have been provided on free loan.

During the year many patients have used this service and various articles have been purchased to the value of £664 4s. 1d.

Initial free issues (varying from 5/- to £2 0s. 0d.) totalling £15 10s. 1d. have been made to 23 patients.

Without doubt the provision of this scheme has been much appreciated by the patients and has helped very considerably in their recovery and ultimate resettlement in employment.

Welfare. During the year the Welfare Officer advised and assisted patients and their relatives attending the Chest Clinic and weekly visits were paid to Ecclestone Hall Hospital in order to help in-patients with personal problems. Home visits were made to both tuberculous and non-tuberculous patients.

The following is a summary of the visits paid by the Welfare Officer:

Visits to tuberculous patients	.....	.....	.....	.....	201
Visits to non-tuberculous patients		.....	.....	.....	42
Visits to Ecclestone Hall Hospital	.....	.....	.....	.....	42
					<hr/>
Total		.....	.....	.....	285

There were 473 office interviews.

Close contact was maintained as in previous years with other statutory bodies and voluntary organisations. Some examples of this work are given below.

Statutory Bodies

Housing Department. During the year 41 families (in which one or more members were suffering from tuberculosis) were notified to the Housing Department as being in need of re-housing. This figure includes some families who were already on the Corporation's list for re-housing.

The Housing Committee again agreed to the allocation of 24 houses per annum for the priority housing of cases suffering from tuberculosis. Details of the position in 1956 are given below:—

Tuberculous patients on the housing list of the Local Authority, 1/1/56	.....	27
New cases added to list	.....	14
Allocations of Council houses	.....	16
Number of patients finding their own accommodation	.....	8
Total on Tuberculosis Housing List—31/12/56	.....	17

Application for housing was made to the National Coal Board Housing Department on behalf of the husband of a T.B. patient and a priority allocation was given.

Ministry of Labour. As in previous years the co-operation between the Chest Clinic staff and the Disablement Rehabilitation Officers (male and female) proved very successful.

20 male and 16 female patients were added to the Disablement Register during the year.

24 male and 8 female tuberculous patients were placed in employment during the year. Periodic meetings have been held between the Disablement Resettlement Officers, Chest Physician and Welfare Officer for the purpose of discussing types of work suitable for tuberculous patients fit for employment.

Training Courses for Patients. During the year three patients were admitted to Industrial Rehabilitation units for courses of approximately ten weeks to test their adaptability and interest for specialised work after which they were accepted for training at a Government Training Centre.

Without need for industrial rehabilitation 3 patients were admitted to Government Training Centres to train as light motor repairing mechanics. One female patient, following a course of rehabilitation, was admitted to a school for training as a comptometer operator.

National Assistance Board. Patients suffering a loss of income in order to undergo treatment for pulmonary tuberculosis and thus becoming eligible for the higher rate of allowance, were referred to the Board as a matter of routine. 47 such cases were referred during the year.

In addition "Exceptional Needs Grants" were made to tuberculous cases as follows:—

Clothing	2 patients
Footwear	1 patient
Extra nourishment grants	3 patients
Spectacles grant	5 patients
Dentures grant	2 patients
Travelling expenses to hospital	1 patient
Pocket money allowance	2 patients

Non-tuberculous patients were assisted as follows:—

Supplementary allowances	8 patients
Bedding	2 patients
Clothing	1 patient
Footwear	1 patient
Bed and Mattress	1 patient

Throughout the year the National Assistance Board Officers gave all possible help to tuberculous and non-tuberculous patients, and co-operated closely with the Welfare Officer.

Ministry of Pensions and National Insurance. Close liaison was maintained with the officers of this Ministry in order to ensure that all possible facilities were available through these agencies to tuberculous and non-tuberculous patients.

Home Help Service. During the year 4 cases of tuberculosis were referred to the Home Help Service.

Merseyside Hospitals Council. Applications to the Merseyside Hospitals Council were made on behalf of tuberculous patients on home treatment for the allowances payable to regular hospital out-patients.

Cancer Relief Fund. Application for assistance was made on behalf of a non-tuberculous patient to the Secretary of the Cancer Relief Fund and a life grant of 10/- per week was allowed together with clothing grant and underwear.

Voluntary Organisations

British Red Cross Society—Emergency Help Service. 8 recommendations were made for invalid food parcels for pensioner patients during the year and parcels were provided in each case for periods varying from 6 to 12 months at approximately two-monthly intervals.

The Emergency Help Service also helped many pensioner patients with bedding, clothing and occupational therapy materials.

The British Red Cross Society—Civilian Welfare Department. 34 non-pensioner patients were recommended for Dominion food parcels and in each case parcels were provided.

Other Voluntary Agencies. Help with bedding, clothing, loans, etc. was given by the following organizations:—

British Legion, Forces' Help Society, Royal Air Force Association, Royal Navy Benevolent Trust, S.S.A.F.A.

Special mention should be made of the kindness and willingness to help of all the local branch secretaries of these organizations.

Several patients were referred to the St. Helens Council of Social Service for advice.

Voluntary Fund.—During the year several members of the Care and After-Care Sub-Committee and other welfare workers assisted the Welfare Officer and the Tuberculosis Health Visitor in maintaining a voluntary fund. This fund (The Home Patients' Voluntary Welfare Fund) is placed at the disposal of the Care and After-Care Sub-Committee to assist patients in ways outside the scope of the Local Authority in its statutory capacity. The fund derives its income from voluntarily organised whist drives, dances and from donations, etc. Invalid foods have been purchased at regular intervals and 113 food parcels have been distributed to necessitous non-pensioner patients and their dependants. At Christmas, presents were purchased and distributed to children whose fathers were unable to work because of tuberculosis. These gifts have undoubtedly been much appreciated.

B.C.G. Vaccination (contact scheme). During 1956, 220 cases received B.C.G. vaccination at the Chest Clinic in St. Helens.

B.C.G. Vaccination of School Children

Towards the end of the year, arrangements were made for a "pilot scheme" of B.C.G. vaccination of school children in the 13-year old age group. The scheme was very successful and provided the department with the necessary data to evolve an expanded scheme for a future large scale programme of vaccination.

The arrangement for B.C.G. vaccination of school children in St. Helens provides for the vaccination of pupils who have passed their 13th birthday, but have not reached their 14th. In the pilot scheme 177 children (87 boys and 90 girls) were in this category. All these children were offered vaccination and the parents of 132 (74.6%) requested it. Of these, 3 children failed to attend

owing to sickness and the vaccination of one child was not carried out owing to a skin affection. There was, therefore, a total of 128 (66 boys and 62 girls) dealt with, or 72.3 % of the total eligible children.

These 128 children were subjected to a skin test which showed that 36 (28.1 %) were already "positive" reactors. The remaining 92 (71.9 %) were vaccinated against tuberculosis. In all cases the vaccination was successful and the second skin test of these children revealed that they all were "positive" reactors to the skin test. This conversion rate of 100 % was very satisfactory.

It is hoped to launch a comprehensive scheme for the vaccination of the entire 13-year old school population annually. The task involved in carrying out such a scheme will be considerable, and it is inevitable that consideration must be given in the future to engaging additional medical, nursing and clerical staff to carry out the work.

IX—VENEREAL DISEASES

The Special Treatment Centre is administered by the Liverpool Regional Hospital Board, but male and female nurses at the Centre continued to be provided by the Corporation under agency arrangements.

The following statement shows the number of cases dealt with at the Centre during the year 1956, in comparison with the previous year. This includes cases from outside the Borough who may receive treatment at the St. Helens Centre.

Table V.D.1

	1955		1956	
	M	F	M	F
1. No. of cases under treatment or observation on 1st January	25	42	32	41
2. No. of new cases (including cases previously removed from the register who returned for further observation or treatment) and Transfers	79	31	66	35
3. No. of cases discharged after completion of treatment or transferred to other centres or ceased to attend	72	32	77	41
4. No. of cases remaining under treatment or observation on 31st December	32	41	21	35
5. No. of attendances :—				
(a) For consultation or treatment by Medical Officers	357	280	439	364
(b) For intermediate treatments	149	68	100	34

Table V.D.2 shows the number of cases of definite venereal disease treated for the first time at the Centre during each of the past ten years. This table excludes cases which had received treatment previously at other Centres, and also cases removed from the register in previous years who returned for treatment or observation for the same infection.

Table V.D.2

Number of new cases of Venereal Diseases dealt with during 10 years, 1947 to 1956:

Year	Syphilis		Soft Chancre		Gonorrhoea		Total
	M	F	M	F	M	F	
1947	22	13	—	—	62	16	113
1948	25	25	—	—	53	9	112
1949	14	15	—	—	21	9	59
1950	4	7	—	—	17	1	29
1951	3	4	—	—	13	2	22
1952	2	4	2	—	16	9	33
1953	4	7	1	—	20	9	41
1954	3	2	—	—	10	2	17
1955	3	4	1	—	16	2	26
1956	2	2	—	—	14	9	27

During the year, 64 male and 33 female patients attended the Clinic for the first time, as compared with 79 male and 30 female in 1955. The following table shows how these cases were introduced to the Clinic for treatment:—

<i>Introduced by</i>	<i>Male</i>	<i>Female</i>
General Practitioners	27	5
Male V.D. Clinic	—	12
Female V.D. Clinic	—	—
School Health Service	—	—
Parents	5	1
M. & C.W. Clinic	—	1
Hospitals	1	1
Moral Welfare Societies, Welfare Officers, Probation Officers, etc.	—	9
Patients' own initiative	31	2
Other Patients	—	2
	<hr/> 64 <hr/>	<hr/> 33 <hr/>

In 1956, the percentage of patients attending the Centre for the first time who presented themselves for treatment on their own initiative was 48.4% in the case of male patients, compared with 60.7% in 1955, and 6.0% in the case of female patients as compared with 20.0% in 1955.

Of the total number of new patients who attended the clinic for treatment in 1956, 26 were non-residents of the Borough.

41 new cases attended for investigation only to exclude Venereal Disease, representing 42.2%, compared with 38.5% in 1955. In each case (with the exception of 6 children) there was a history of exposure to infection of Venereal Disease.

The following table V.D.3 gives a summary of the services rendered at the treatment centre during the year, the classification showing the areas in which the patients resided.

Table V.D.3.

<i>Name of County, County Borough, &c.</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
St. Helens.....	3	19	49	71
Lancashire County	1	4	15	20
Liverpool	—	—	3	3
Birmingham	—	—	1	1
Widnes	—	—	1	1
Leigh	—	—	1	1
Total	<hr/> 4 <hr/>	<hr/> 23 <hr/>	<hr/> 70 <hr/>	<hr/> 97 <hr/>

During the year continued investigation was carried out in the survey and follow-up of cases of venereal disease in the Borough. The following tables with appropriate commentaries show the work done by the venereal diseases welfare officers of the Local Authority.

Contact Tracing

Table V.D.4

Cases of Venereal Disease of less than one year's infection, which received treatment at the St. Helens Special Treatment Centre during 1956.

Disease	Total No. of Cases	Source of Infection					
		Marital	Pick-up				Not Stated
			Public House	Party	Dance	In the Street	
Male Clinic :							
Syphilis	—	—	—	—	—	—	—
Gonorrhoea	14	4	6	1	1	2	—
Female Clinic :							
Syphilis	—	—	—	—	—	—	—
Gonorrhoea	9	5	—	—	—	1	3
Totals	23	9	6	1	1	3	3

With reference to the previous table, efforts were made to trace the contacts of these cases of venereal disease with the following results:

MALE CLINIC

Fourteen cases of Acute Gonorrhoeal infection were recorded during the year.

Marital Infection.

Evidence indicated that in three cases the husband infected his wife and his wife re-infected the husband. The four alleged contacts attended the clinic and were diagnosed Gonorrhoea.

Pick-up in Public House.

Three were casuals and impossible to identify. The other contacts were persuaded to attend the clinic. One contact who had been nominated by two patients was diagnosed Gonorrhoea. The other contact proved to be negative to all tests.

Pick-up at a Party.

In this case (the Call-girl type) there was information of two exposures to infection within ten days. Both females were contacted and persuaded to attend to another clinic for examination. One was found to be suffering (1) Primary Syphilis, (2) Acute Gonorrhoea. The other female proved negative to all tests.

Pick-up at a Dance.

This contact could not be identified by the patient.

Pick-up in the Street

Two contacts recorded. In one case the evidence presented a history of two probable sources of infection. Both females were contacted and attended the clinic, the diagnosis being Gonorrhoea. From the information available, it suggests the male patient infected the alleged nominated second contact. The other contact classified under this heading could not be traced.

FEMALE CLINIC

Nine cases of Acute Gonococcal infection were recorded during the year.

Marital infection.

Five cases were attributed to marital relationship. In four cases extra marital coitus was denied. In one case the husband's denial of extra marital exposure was assessed unreliable.

Pick-up in the Street.

There was one case recorded. The authenticity of this patient's statement left a good deal to be desired.

Not stated.

Three cases were classified under this heading. It was known in the history of one of these cases that additional risks of infection had taken place. This patient infected her husband. The other two cases are referred to in the Male Clinic report under the heading of "Pick-up in the street".

Follow-up Work.

The problem of following-up cases who have defaulted in treatment or observation is dealt with by correspondence and personal visits by the female and male V.D. Welfare Officers.

Table V.D.5

Particulars of defaulters and action taken during the year 1956 are shown below:

	Syphilis	Gonorrhoea	Other Conditions	Total
Male Clinic.				
No. of defaulters	10	6	—	16
No. persuaded to re-attend	9	4	—	13
Gave false address	—	1	1	2
Female Clinic.				
No. of defaulters	13	3	1	17
No. persuaded to re-attend	11	3	1	15

General Remarks. Patients under treatment are invariably questioned regarding the suspected source of infection. At the same time it is made clear that if they do not wish to do so, information need not be given. Where information is volunteered, the patient's consent is always obtained before approach is made to the named contact. As far as possible, assurance is given that the identity of the patient will not be disclosed during the process of tracing the contact. It can be claimed from the results tabulated above, that the co-operation and confidence of many of the patients was enlisted in this follow-up work, and the results obtained were good.

Speed in following up information is of great importance. This is well illustrated in the "Pick-up" at a party mentioned in the Male Clinic Report. Within two days of receiving the information, one contact was persuaded to attend for examination at another clinic nearer to her home. This contact was found to be suffering from (1) Primary Syphilis (2) Gonorrhoea. The spread of infection to others was, therefore, speedily limited.

X—MATERNITY AND CHILD WELFARE

Care of Mothers and Young Children

NOTIFICATION OF BIRTHS.—Under Section 203 of the Public Health Act, 1936, 1,881 live births and 68 still-births were notified during 1956. In respect of these, 1,942 notifications were received from midwives and 7 from doctors. The corresponding figures for 1955 were 1,776 live births and 50 still-births, 1,882 notified by midwives and 4 by doctors.

The total number of live births registered as belonging to St. Helens was 1,858, giving a birth rate of 16.8 per 1,000 of the population for the year 1956. The corresponding rates over the past 5 years were respectively 16.9 in 1951, 17.8 in 1952, 17.5 in 1953, 17.0 in 1954 and 16.0 in 1955.

INFANTILE MORTALITY.—During 1956 the deaths occurred of 51 infants under the age of one year, giving an Infantile Mortality Rate for that year of 27.4 per 1,000 live births. The corresponding rates during the preceding five years were 38.4 in 1951, 37.6 in 1952, 43.8 in 1953, 41.0 in 1954 and 32.9 in 1955. The average for the five years 1952-1956 was 36.5. The Infantile Mortality Rate for England and Wales for 1956 was 23.8 per 1,000 births.

Table M.C.W.1 below shows the ages at death and causes of death in these infants. It will be noted that 33 of the infants died before the age of one month (the neo-natal period), 11 died between 1 and 3 months, 6 died between 3 and 6 months, there were no deaths between 6 and 9 months and 1 died between 9 and 12 months.

By far the greater number of deaths, therefore, occurred within the first three months. The following tables present a statistical review of the deaths with remarks on the apparent causal factors.

Table M.C.W.1

Ages at which death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
Birth to 24 hours	2	8	—	—	—	1	11
1 day to 7 days	2	15	—	—	—	2	19
8 days to 1 month	2	1	—	—	—	—	3
1 month to 3 months	3	1	3	3	1	—	11
3 months to 6 months	1	—	3	2	—	—	6
6 months to 9 months	—	—	—	—	—	—	—
9 months to 12 months	—	—	1	—	—	—	1
ALL AGES	10	25	7	5	1	3	51

The following Table M.C.W.2 shows the time of the year at which the various deaths occurred.

Table M.C.W.2.

Month when death occurred of children under one year.

Month during 1956 when death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
January	1	1	1	—	—	1	4
February.....	1	5	2	1	—	—	9
March	—	1	1	1	—	—	3
April	1	2	1	—	—	—	4
May.....	—	2	—	1	—	—	3
June.....	1	2	—	—	—	—	3
July	—	2	—	1	—	—	3
August	—	4	—	—	—	—	4
September	2	2	—	1	1	—	6
October	—	2	—	—	—	—	2
November	2	1	1	—	—	—	4
December	2	1	1	—	—	2	6
TOTAL	10	25	7	5	1	3	51

The cause of the 5 deaths due to infection (other than Pneumonia) was Gastro-enteritis.

The 3 deaths due to other causes were as follows: Bilateral Suprarenal Haemorrhage 1, Erythroblastosis Foetalis 1, and Atelectasis 1.

The 25 deaths due to prematurity were specially investigated. Table M.C.W.3 shows the birth weights of these infants, the periods of pregnancy at which these premature births occurred, and the causes of the prematurity.

Table M.C.W.3.

Analysis of Infant Deaths due to Prematurity

(a) Weights at Birth of Premature Infants

Less than 2 lbs.	5
2 lbs. to 2 lbs. 6 ozs.	4
2 lbs. 7 ozs. to 3 lbs. 4 ozs.	4
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	9
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1
5 lbs. to 5 lbs. 8 ozs.	2
Total	25

(b) Periods of pregnancy at which premature births occurred

Period of pregnancy:	
24 weeks	2
26 weeks	2
28 weeks	4
30 weeks	5
32 weeks	4
34 weeks	3
36 weeks	4
37 weeks	1
Total	25

(c) Causes of Prematurity

Toxaemia of Pregnancy	5
Ante-Partum Haemorrhage	2
Twin Pregnancy	5
Severe debility in mother	6
No apparent cause	7
Total	25

As noted before, the infantile mortality rate returned for 1956 was 27.4 per 1,000 live births. This was a satisfactory decrease from the rate of 32.9 in 1955, and, in fact, was the lowest infantile mortality rate ever recorded up to the present for the County Borough. An analysis of the figures shows that the decrease in the infant deaths occurred in two main categories, namely accidental deaths and deaths attributable to non-expansion of the lungs following births. The corresponding infantile mortality rate for England and Wales for 1956 was 23.8.

Fluctuation in the infantile mortality figure, however, is a recognised annual occurrence and closer scrutiny of the figures over several years serves to show that variation may occur in infant deaths due to infection, to respiratory diseases or to a mixed] assortment labelled "Other Causes."It still remains a matter for concern that one figure which remains at a constant high level as a cause of infantile mortality, is that signifying deaths due to prematurity. During 1956, 25 deaths were attributed to this cause. In 13 cases the infants

weighed 3 lbs. 4 ozs. or less at birth and 13 infants were born at 30 weeks pregnancy or less. Each case is carefully investigated by the Health Department Obstetricians, Consultant Paediatrician, or Maternal and Child Welfare workers, and no effort is spared either by the Hospital Premature units in the area or the special Premature Domiciliary services to do all possible for these babies. It is also significant to note that 20 of the 68 recorded still births were estimated to be due to prematurity.

The following table M.C.W. 4 shows the position regarding ante-natal care of mothers, and also shows whether the mothers were employed during pregnancy. It will be seen that no significant factor affecting the problem can be attributed to local conditions of pre-natal environment.

Table M.C.W.4.

Source of ante-natal care	Mothers working during pregnancy	Mothers not working during pregnancy
Midwife	2	6
Doctor	7	9
Clinic	7	11
Hospital	3	4
No Ante-Natal Care	1	1
TOTAL	20	31

The two mothers who received no ante-natal care went into very premature labour at 24 weeks. One of these mothers was working, and did not realise she was pregnant as she was very young.

STILL-BIRTHS.—The number of still-births registered as belonging to the Borough was 68. All still-births were investigated, and the causes of intra-uterine deaths were attributable to the following conditions:

Prematurity	20
Toxaemia of Pregnancy	11
Rh. Negative	7
Hydrocephaly	6
Anencephaly	8
Breech Delivery	2
Ante-partum Haemorrhage	5
Post-Maturity	2
Prolonged Labour	2
Prolapsed Cord	3
Shoulder Presentation	1
Cause not known	1
	68

MATERNAL DEATHS.—During 1956, 2 deaths were recorded by the Registrar General as resulting from childbirth or accidents of pregnancy, giving a maternal mortality rate of 1.04 per 1,000 live and still-births.

These deaths were due to:—

- (1) Post-Partum Haemorrhage due to Toxaemia of Pregnancy.
- (2) Peritonitis following Caesarean Section for delayed labour.

1. The patient who died from Post-Partum Haemorrhage had been treated at home by her family doctor for Toxaemia of Pregnancy, and her condition improved under treatment. She was admitted to hospital with ante-partum haemorrhage, and labour was induced straight away. Spontaneous delivery of a still-born child occurred 2 hours after admission to hospital, but post-partum haemorrhage occurred after the baby was born. Blood transfusion was given but the patient did not respond to treatment, and died 6 hours after admission to hospital. Post-partum haemorrhage is one of the severe complications of Toxaemia of Pregnancy.

2. The mother whose death was due to Peritonitis following Caesarean Section, was a middle-aged patient who had had 3 previous normal confinements, the last one 11 years previously. She was admitted to hospital from the ante-natal clinic for rest, two weeks before the onset of labour, as she had undergone an operation for prolapsed disc in 1951. Labour was induced at full-term, but did not progress satisfactorily so Caesarean Section was performed to expedite delivery. She collapsed immediately after the operation, but responded well to treatment by injections and blood transfusion. She did not maintain this satisfactory progress however during the following week. Her temperature remained normal, but her general condition was poor. She was treated by the Consultant Obstetrician and Consultant Physician, but did not improve, and she died 7 days after the operation. Post-mortem examination revealed Peritonitis.

The maternal mortality rate for 1955 was 3.79 per 1,000 live and still-births.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN

Puerperal Pyrexia.—One case of Puerperal Pyrexia was notified during the year. This patient was transferred to the care of the District Nursing Association on the third day. She quickly recovered.

Pemphigus.—No case was reported during the year.

Ophthalmia Neonatorum.—No case was reported during the year.

Other Infectious Diseases.—The following Table, M.C.W.5., shows the number of cases of infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table M.C.W.5.

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever — — — — —	1	—	114	—
Diphtheria — — — — —	—	—	—	—
Measles — — — — —	12	—	201	—
Whooping Cough — — — — —	33	—	123	—
Ophthalmia Neonatorum — — — — —	—	—	—	—
Meningococcal Infections — — — — —	3	—	3	—

Table M.C.W.6.

Attendances at Maternity and Child Welfare Clinics during 1956

Child Welfare Clinics.	
No. of children who attended for the first time during the year and who, on the date of their first attendance, were under 1 year of age	1290
Percentage of births represented by the number of children who on the date of their first attendance were under 1 year of age	68.5
Number who attended and who were born in :—	
(i) 1956.....	1215
(ii) 1955.....	736
(iii) 1951-1954	399
No. of attendances by children :—	
(i) under 1 year of age	12997
(ii) between the ages of 1 and 5 years	1561
Ante-natal Clinics.	
Medical Officer's Sessions including Specialist Ante-Natal Clinics:—	
No. of expectant mothers who attended	1512
No. of attendances by expectant mothers	7240
Midwives' Sessions (no medical officer being present):—	
No of expectant mothers who attended	21
No. of attendances by expectant mothers	82
Percentage of total births (live and still) represented by the number of expectant mothers who attended either the Maternity and Child Welfare Centres or the Ante-natal Clinics	78.6
Post-Natal Examinations at Ante-Natal Clinics:—	
No. of mothers who attended	121
No. of attendances	125
Gynaecological and Post-natal Clinic.	
No. of mothers who attended	224
No. of attendances	293
Sunlight Clinic.	
No. of children who attended	30
No. of attendances	730

CHILD WELFARE CLINICS.—Clinics for children under 5 years of age are held on 9 sessions weekly at 8 centres.

68.5% of the notified births in 1956 attended Child Welfare Clinics and the number of children under 1 year of age who attended was satisfactory. Table M.C.W.6. shows attendances at the various Maternity and Child Welfare Clinics.

Immunisation against diphtheria is carried out at the Child Welfare Clinics as well as at the special sessions held at the School Clinic in Claughton Street, and at the outlying district clinics.

ANTE-NATAL CLINICS.—At the end of the year, ante-natal clinics were being held 9 times weekly at 8 centres.

In 78.6% of the total notified births during 1956 the mothers had attended one or other of these clinics.

Expectant mothers have routine blood tests carried out at these clinics. The tests are for Blood Grouping Rhesus factor and Kahn reaction. During the year 458 specimens were sent for examination. Of these 333 were Rhesus Positive, 110 were Rhesus Negative, 11 Genotype Reaction, and 7 had Positive Kahn Reactions. When a positive or doubtful Kahn Reaction is obtained, a confirmatory Wasserman Reaction is then carried out. Following this procedure it was found that 6 had negative Wasserman Reactions, and 1 positive Wasserman Reaction. The latter patient was referred to the Special Treatment Centre.

Of the 110 patients who were Rhesus Negative in type, only 8 had Rhesus Antibodies present. The importance of this test lies in the fact that the doctor in charge of the confinement is forewarned that the baby may need an exchange transfusion immediately after birth. Rhesus Negative blood may be obtained from the Regional Blood Transfusion Centre before the confinement in readiness for either the mother or the baby. Of these 8 patients, only 1 of the babies needed to have an exchange transfusion, but the baby unfortunately died while the transfusion was in progress.

In addition to the ante-natal clinics a Specialist Clinic, staffed by two specialist obstetricians attached to the Cowley Hill Maternity Hospital, is held fortnightly. Patients are referred for Consultant advice by Medical Officers of the Local Authority staffing the ordinary ante-natal clinics, and the work done has proved to be of great value. During 1956, 88 patients were referred to the Centre for Consultant opinion.

The Midwife's ante-natal session at Jersey Street Centre was continued during the year. In 1956, 21 patients made 82 attendances.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—This clinic is held once a week at the Hardshaw Street Centre and serves the double purpose of investigation of gynaecological conditions associated with pregnancy and as a clinic for post-natal supervision. During 1956, 177 patients visited this clinic for post-natal examinations. Post-natal supervision is, however, also carried out at the Infant Welfare and Ante-Natal Clinics held in the outlying districts. The total number of women who received special post-natal supervision was 298.

The number of gynaecological patients attending this clinic was 47 (89 attendances).

Patients who needed operative treatment were referred to the out-patient departments of the local hospitals.

At this clinic patients may also receive advice on birth control methods when such is desirable for medical reasons. The following statement indicates the number of patients to whom such advice was given, and the reasons:

Severe debility caused by frequent pregnancies	.....	8
Tuberculosis	.....	1
Severe Anaemia	.....	8
Renal Disease	.....	8
Mental Instability	.....	6
Mother Rh Negative with antibodies	.....	1
Heart Disease	.....	4
Carcinoma of Breast	.....	1
Cerebral Thrombosis	.....	1
		—
Total	.....	38
		—

Five patients sought advice during 1956 because of infertility, and 4 patients attended in the early stage of pregnancy.

SUNLIGHT CLINIC.—To this clinic, which is held twice weekly, are referred weakly and debilitated children likely to benefit from ultra violet therapy. During 1956, 30 children made 730 attendances for irradiation. All the children attending this clinic benefited by the treatment they received.

DISTRIBUTION OF WELFARE FOODS

(a) National Welfare Foods Scheme.

The scheme for the distribution of national welfare foods was continued without alteration during 1956.

At the end of the year the accommodation at the Windle Pilkington School, previously used as the Central Store and Distribution Point for Welfare Foods, was taken over by the Education Committee. A house at No. 9 Milk Street was rented from the Education Committee and adapted for use as a temporary central store and distribution point. This centre was opened on the 17th December, 1956. Although these premises are well sited the accommodation is not really adequate. They will have to serve for a few years until a permanent centre is planned and constructed.

The following tables give particulars of the work carried out during the year in the distribution of welfare foods.

Table M.C.W.7.

Receipts and issues of welfare foods for the period 2nd January 1956 to 29th December 1956.

	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
1. Stocks received from Ministry of Food				
(a) In Hand on 2/1/56	5477	5005	1058	636
(b) Received during the period	72936	80640	11340	5840
Total	78413	85645	12398	6476
2. Disposal of Stocks:				
(a) Issued against coupons—				
(i) paid for by postage stamps	206	798	—	—
(ii) paid for by cash	71899	78006	—	—
(iii) free	416	751	11663	5945
(b) Issued at full fee	1119	—	—	—
Issues to public	73640	79555	11663	5945
(c) Other Issues	1050	576	24	—
Total Issues	74690	80131	11687	5945
3. Returned to Ministry of Food, Damaged, etc.	586	226	9	12
4. Stocks in Hand 29/12/56	3137	5288	702	519

The issues of welfare foods from the various distribution centres during the period 2nd January 1956 to 29th December 1956, are shown in Table M.C.W.8. Receipts during this period amounted to £4,965 6s. 9d., made up of £33 4s. 0d. in postage stamps and £4,932 2s. 9d. in cash.

TABLE M.C.W.8.

Issues of Welfare Foods from the various Distribution Centres 1956

<i>Distribution Centre</i>	<i>National Dried Milk</i>	<i>Orange Juice</i>	<i>Cod Liver Oil</i>	<i>Vitamin Tablets</i>
Windle Pilkington School	54811	51913	7674	3997
Albion Street Clinic	3049	5115	612	323
Blackbrook Clinic	3030	2562	405	123
Elizabeth Street Clinic	2956	5107	779	297
Hardshaw Street Clinic	1112	2928	277	408
Haresfinch Clinic	1090	2487	305	177
Jersey Street Clinic	1213	2056	368	114
Lacey Street Clinic	3872	4656	777	235
Nunn Street Clinic	3557	3307	490	271
GRAND TOTAL	74690	80131	11687	5945

(b) **Other Welfare Foods.** The issue of proprietary brands of dried milk through the Council's scheme for mothers and infants was limited to special cases for whom the National Dried Milk was not altogether satisfactory. During 1956, approximately 5,800 lbs. of dried milk were distributed through the Council's Scheme.

DENTAL TREATMENT.—Report by Senior Dental Surgeon on the dental treatment provided for expectant and nursing mothers and young children during 1956.

Table M.C.W.9.

(a) Numbers provided with Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	203	202	173	118
Children under five	112	100	94	94

(b) Forms of Dental Treatment Provided:

	Scalings & Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Upper or Lower Dentures Provided		Radio- graphs
							Full	Partial	
Expectant and Nursing Mothers	60	40	—	—	840	133	48	38	—
Children under 5	—	1	—	—	174	89	—	—	—

MINOR AILMENTS.—During 1956, 9 children were referred to and received treatment at one or other of the Council’s Minor Ailments Clinics.

ORTHOPTIC CLINIC.

Children under school age suffering from Orthoptic defects were referred to and received treatment at the Orthoptic Clinic.

CRIPPLED CHILDREN.—Crippling defects in children under 5 years of age are dealt with under the Council’s Orthopaedic Scheme, which provides periodic supervision by the Consultant Orthopaedic Surgeon and the Physio-therapist.

During 1956, 156 infant welfare cases were dealt with at the Orthopaedic Clinic.

DAY NURSERY.—This Nursery is open from 6-30 a.m. to 7 p.m. Monday to Friday, and 6-30 a.m. to 1 p.m. on Saturday. Accommodation is limited to children whose mothers are working, and so far as possible preference is given to those cases who have some social priority, e.g. unmarried mothers, widows, mothers with chronically sick husbands, etc.

The health of the children was good on the whole. There were a few cases of Whooping Cough, Measles and Mumps, and 2 cases of Scarlet Fever during the year.

The following scale of charges was operated during the year.

- 5/- per child per day, where both parents working.
- 2/6 per child per day for single mothers.
- 3/6 per child per day in all other cases.

Particulars of attendances &c. at the Hall Street Day Nursery during 1956 are shown below:—

No. of approved places at Day Nursery		No. of children on the register at the end of the year		Average daily attendance during the year	
0-2 years	2-5 years	0-2 years	2-5 years	0-2 years	2-5 years
14	16	11	20	7.4	15.7

THE CARE OF PREMATURE INFANTS.—Since 1944 special efforts have been directed towards preserving life in premature and/or immature infants. The birth weight is stated on every notification of birth form, and in those cases born at home where the birth weight was 5 lbs. 8 ozs. or less a special visit was immediately made by the Supervisor of Midwives, and, if necessary, arrangements made for admission to hospital. For infants remaining at home, special basket cots fitted with special lining, mattress and bedding, a Belcroy feeding bottle and hot water bottles are available, and have proved of value.

During 1956, 41 premature and/or immature babies were born at home or in nursing homes, and a further 148 were born in hospital. Particulars of these cases are given in Table M.C.W.10.

When these infants are discharged from hospital, or when the midwife has ceased to attend to those born at home, the Health Visitor concerned is immediately notified and pays special follow-up visits.

THE CARE OF ILLEGITIMATE CHILDREN.—As in previous years, special consideration was given to the care of the unmarried mother and her child, and arrangements were made for admission of cases to St. Monica's Home, Liverpool, and to other Homes as required. All cases of unmarried expectant mothers coming to the knowledge of the Department through Health Visitors, Municipal Midwives, Moral Welfare Workers and other agencies, are notified to the Medical Officer in charge of Maternity and Child Welfare Services, who, after investigation, decides which cases can be dealt with at home or through local hospitals, and which cases can most suitably be dealt with by periods of residence in suitable Homes. The mother is admitted to the Home about two months before the expected confinement and remains there after confinement until suitable arrangements can be made for the after-care of herself and the child. During 1956, 37 unmarried mothers were assisted under these arrangements.

In the majority of cases it was found that the parents were willing to keep the girl at home during the pregnancy if some arrangements could be made for the confinement.

The following list gives the places of confinement:—

Cowley Hill Maternity Hospital	.....	.....	.....	.....	.....	.....	.....	10
Whiston Hospital, Prescot	.....	.....	.....	.....	.....	.....	.....	14
Parents' homes	.....	.....	.....	.....	.....	.....	.....	4
Diocesan or other Voluntary Homes	.....	.....	.....	.....	.....	.....	.....	7
Undelivered at 31/12/56	.....	.....	.....	.....	.....	.....	.....	2
Total								37

Mothers entering Homes are assisted by the Corporation in the payment of their fees. All the unmarried mothers were helped to take out Affiliation Orders.

Every effort was made in all cases to enable the mother to keep the child with her in the parental home, and in many cases these efforts were successful.

The following is a summary of the disposal of the children born during the year:—

Cared for by grandparents while mother goes to work	.....	4
Cared for by mother	.....	20
Seeking adoption	.....	2
Adopted	.....	1
Died (Twin)	.....	1
Parents married later	.....	4
In Residential Nursery (c/o Children's Officer)	.....	1
With Foster Parents (c/o Children's Officer)	.....	2
Total		35

Table M.C.W.10.

PREMATURE AND/OR IMMATURE BABIES, 1956.

WEIGHT AT BIRTH	Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and Nursed entirely there			Born in Nursing Home and Trans- ferred to Hospital on or before 28th day		
	Total	Died within 24 hrs of birth	Sur- vived 28 days	Total	Died within 24 hrs of birth	Sur- vived 28 days	Total	Died within 24 hrs of birth	Sur- vived 28 days	Total	Died within 24 hrs of birth	Sur- vived 28 days	Total	Died within 24 hrs of birth	Sur- vived 28 days
3 lb. 4 oz. or less....	16	4	7	1	1	—	1	1	—	—	—	—	—	—	—
Over 3 lb. 4 oz. up to and including 4lb. 6 oz.	38	2	29	1	—	1	3	—	—	—	—	—	—	—	—
Over 4 lb. 6 oz. up to and including 4lb. 15oz.	31	1	30	5	—	5	—	—	—	—	—	—	—	—	—
Over 4 lb. 15 oz. up to and including 5lb. 8oz.	63	—	63	24	—	24	5	—	4	1	—	1	—	—	—
Totals	148	7	129	31	1	30	9	1	4	1	—	1	—	—	—

HOSPITAL ACCOMMODATION.—The Cowley Hill Maternity Hospital, administered by the St. Helens and District Hospital Management Committee, is the only Maternity Hospital in St. Helens and has a complement of 50 beds, which includes a 17-bed General Practitioner unit.

Throughout the year patients booked for the Cowley Hill Maternity Hospital at the Council's Ante-Natal Clinics and also at the Ante-Natal Clinics at the Hospital. When accommodation at the Cowley Hill Maternity Hospital is not available, St. Helens patients are referred to Whiston Hospital. Emergency cases are admitted to Cowley Hill Maternity Hospital when beds are available. Patients are booked for hospital confinement when they come into one of the following classes:—

Abnormal obstetrical cases
 Multiparity
 Unsuitable home conditions
 Primigravidae

When a woman is recommended for hospital confinement on social grounds and applies to her district clinic for a hospital bed, a report is requested from the district midwife regarding the suitability of the home for confinement. The health visitor of the district is also asked to report on the general family conditions, the amount of help available, the type of work on which the husband is engaged, and any other relevant matter, so that the medical officer in charge of the hospital bookings may assess the case. When a hospital bed cannot be granted, the midwife or health visitor visits the patient and advises the use of the Home Help Service in appropriate cases, the use of maternity outfits, and on the general working of the Domiciliary Midwifery Service.

During 1956, 1,273 births (1008 being St. Helens cases) took place in the Cowley Hill Maternity Hospital, 346 St. Helens births in the Whiston Hospital, Prescott, and 22 St. Helens births occurred in other hospitals.

MATERNITY AND NURSING HOMES.—During 1956 there were 2 private Nursing Homes registered in St. Helens with accommodation for 4 maternity cases and 4 medical cases. The number of maternity patients delivered in these Homes was 54 (35 being St. Helens cases).

XI.—MIDWIFERY SERVICE.

MUNICIPAL MIDWIFERY SERVICE.—The staff establishment of the Municipal Midwifery Service is fifteen District Midwives and one Non-Medical Supervisor of Midwives. At the end of the year there was a staff deficiency of two District Midwives. The midwives work from their own homes and are grouped in districts to allow for relief duties. The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1956.

Number of cases attended:—

as midwife	456
as maternity nurse	88
Total	544

Number of live births	520
Number of still-births	16
Number of abortions	17
Number of cases in which midwife sent for medical assistance	70
	(15.3%)
Supervisor's visits and inspections	181

During the year Gas and Air Analgesia was given to 380 patients, a percentage of 70.8 of the total number of live and still-births. All the domiciliary midwives are qualified to administer Gas and Air Analgesia, and for their use, seven portable sets of Minnitt's Gas and Air Analgesia Apparatus are kept at the Central Ambulance Depot, and are despatched from that depot to the patients' homes by car immediately on request by the Midwives. The use of this analgesia is being urged and encouraged in the service.

Domiciliary midwives are trained in the use of Pethidine during confinement, and they are all issued with this sedative and analgesic drug for use in their practices. During the year this drug was administered to 232 patients. Pethidine in the early stage of labour, and Gas and Air Analgesia have been found most beneficial in helping to alleviate the suffering of childbirth. During 1956 two midwives attended refresher courses.

MATERNITY CASES ATTENDED BY MIDWIVES.—The following table shows the extent of the work carried out by the various classes of midwives in St. Helens during 1956.

Table M.C.W.11.

Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1956.

	As Midwives	As Maternity Nurses
(a) Domiciliary Midwives.		
Midwives employed by the Authority	456	88
Midwives in Private Practice --- ---	—	3
(b) Midwives in Institutions.		
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act. }	1131	130
Midwives in Private Practice --- ---	—	54

INSPECTION OF MIDWIVES.—In 1956, 34 midwives notified their intention to practise within the Borough. Of these 3 were in private practice, 14 were employed by the Local Health Authority, and 17 were engaged at the Cowley Hill Maternity Hospital.

The supervision and inspection of midwives is carried out by Medical Officers and by the Non-Medical Supervisor of Midwives. During 1956, 5 visits for inspection and supervision were paid to private midwives and 73 visits to the Council's midwives.

To infants under one year								
(a) first visits	.....	.....	.....	.....	.....	.....	.....	1871
(b) subsequent visits	.....	.....	.....	.....	.....	.....	.....	5530
To children aged one to five years	.....	.....	.....	.....	.....	.....	.....	14745
To Tuberculous households	.....	.....	.....	.....	.....	.....	.....	355
To other cases	.....	.....	.....	.....	.....	.....	.....	2949
								<hr/>
Total	.....							25875

XIII.—HOME NURSING SERVICE.

During 1956, the Home Nursing Service was carried out by the St. Helens and District Nursing Association acting as agents of the Local Health Authority. This service is now under the direct supervision of the re-organised Committee of the Nursing Association on which is full representation from the Local Health Authority.

The staff establishment is 1 Superintendent, 2 Assistant Superintendents, and 21 District Nurses. The nurses paid 94,062 home nursing visits during the year, and there were 6,690 cases attended to during this period. An analysis of the cases and visits is given below.

Number of cases attended and visits made by Home Nurses during 1956.

<i>Nature of Illness</i>										<i>Cases</i>	<i>Visits</i>
Medical	.....	.....	.....	.....	.....	.....	.....	.....	.....	2,739	74,958
Surgical	.....	.....	.....	.....	.....	.....	.....	.....	.....	302	7,995
Infectious Diseases	.....	.....	.....	.....	.....	.....	.....	.....	.....	56	410
Tuberculosis	.....	.....	.....	.....	.....	.....	.....	.....	.....	194	9,343
Maternal Complications	.....	.....	.....	.....	.....	.....	.....	.....	.....	18	207
Others	.....	.....	.....	.....	.....	.....	.....	.....	.....	3,381	1,149
Totals										6,690	94,062

Patients (included in above totals) who were 65 years or over	971	41,545
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Children (included in above totals) who were under 5 years of age	326	2,163
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Patients (included in above totals) who had more than 24 visits during the year	743	70,333
---	-------	-------	-------	-------	-------	-------	-------	-------	-------	-----	--------

Comment should be made on the greatly increased use made of the Home Nursing service by the General Practitioners for the purpose of giving intramuscular injections of various types, e.g. insulin and anhaemin and also antibiotics. No doubt in many cases it is essential, but it is felt that in many instances patients are fit to move around and could easily attend a General Practitioner's surgery or the out-patient department of a hospital for their injection. It seems rather a waste of time for a highly skilled nurse to be required to pay a domiciliary visit for the purpose of giving an injection to an ambulant patient.

One remedy of course might be to staff and maintain a small out-patient clinic at the District Nurses Home where patients from a convenient distance in the surrounding area might attend for their injections. Consideration will be given to this in the future.

In St. Helens no particular provision is made for the home nursing of school children in the form of a specialised section of the Home Nursing Service. Each nurse deals with the children on her own district. It is, however, a question which might be borne in mind for the future when the Home Nursing Service has reached and maintained its maximum staff establishment.

XIV.—HOME HELP SERVICE.

The Home Help Service operating in St. Helens provides help in cases of maternity, sickness, convalescence, old age and infirmity, or any emergency in the household due to illness.

At the 31st December, 1956, there were 52 part-time Home Helps working an average twenty-four hour week, i.e. the equivalent of 26 whole-time staff.

During the year the Home Helps attended 340 cases, 159 of whom were new cases and 181 were old cases from previous years. An analysis of the cases dealt with is given below.

Table H.H. 1.

Cases attended	No.	% of Total Cases	Full Time	Part Time	Recovery of Fees	
					Full Fee	Part Fee
Maternity Cases.						
Domiciliary Confinements.....	17	5	13	4	7	10
Hospital Deliveries	—	—	—	—	—	—
Ante-natal Cases.....	10	3	1	9	8	2
Sickness and other Cases.						
Chronic Illness	45	13	—	45	8	37
Acute Illness	20	6	3	17	10	10
Tuberculosis	12	3.5	—	12	2	10
Mental Illness	3	1	—	3	2	1
Old Age and Infirmity	233	68.5	—	233	23	210
Totals	340	100	17	323	60	280

Home help service for the 159 new cases during the year was recommended by the following:

Housing Department	3
Welfare Services	26
Council of Social Service	6
National Assistance Board	16
Health Visitors and Midwives	14
District Nursing Association	4
Hospitals	12
Personal application	50
Private Practitioners	20
Society for the Blind	4
N.S.P.C.C.	4
<hr/> 159 <hr/>	

The following statement shows the visits paid by the Home Help Organiser during the year:—

Number of primary visits to cases	.....	.....	.....	273
Number of return visits to cases	.....	.....	.....	2294
Number of visits to Home Helps	.....	.....	.....	54
				<hr/>
				2621
				<hr/>

The standard fee during the year for Home Help Services, as laid down by the Health Committee was 2/10 per hour to 6th May 1956 and 3/0d. per hour from the 7th May 1956. Reduction of this fee in part is based on an approved scale.

Total fees collected by Home Help Organiser during the year: £2,099/2/4.

There is a continuing demand for this service which is appreciated by all who benefit from it. As in previous years, the greatest number of calls came from aged persons who would need institutional care should this service not be available to them. This service is of particular value to aged persons whose well-being is promoted by enabling them to lead a reasonably active life in their home surroundings. It is certain that this service is an essential one, and it may be that an increasing demand will be made on it in the future.

XV.—INCIDENCE OF BLIND AND PARTIALLY SIGHTED PERSONS.

Welfare of blind persons in St. Helens is the responsibility of the Welfare Services Committee of the Local Authority. The majority of their activities in this sphere are undertaken on their behalf by the St. Helens and District Society for the Welfare of the Blind.

The Medical Officer of Health is responsible for arrangements for certification for registration.

During 1956, 78 completed forms B.D.8. were received by the Medical Officer of Health. Of these, 37 related to blind persons and 41 to partially sighted persons.

(a) Registered Blind Persons.

On the 1st January, 1956, 274 persons were registered as blind in St. Helens. During the year 24 persons were removed from the register due to death or transfer (including one case whose sight improved sufficiently to warrant de-certification and transfer to the register of partially sighted persons) and 33 new cases were entered on the register (including three persons formerly registered as partially sighted whose vision deteriorated and were certified as blind during the year). Thus at the end of 1956 there were 283 registered blind persons in St. Helens. The following analysis gives the information as at 31st December 1956, concerning the number of blind persons of both sexes according to age groups.

<i>Age Distribution:</i>						<i>Males</i>	<i>Females</i>	<i>Total</i>
Age under 1 year	.....	.....	.....	.....	.....	—	—	—
1-10	.....	.....	.....	.....	.....	1	—	1
11-15	.....	.....	.....	.....	.....	2	1	3
16-20	.....	.....	.....	.....	.....	1	2	3
21-30	.....	.....	.....	.....	.....	5	8	13
31-39	.....	.....	.....	.....	.....	7	7	14
40-49	.....	.....	.....	.....	.....	12	12	24
50-59	.....	.....	.....	.....	.....	10	10	20
60-64	.....	.....	.....	.....	.....	14	16	30
65-69	.....	.....	.....	.....	.....	16	20	36
70-	.....	.....	.....	.....	.....	55	84	139
						123	160	283

Educational and Occupational distribution.

The following analysis shows the different states of occupation of the 283 registered blind persons.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Education—At school	2	1	3
Not at school	1	—	1
	3	1	4

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employment—Workshops			
Age 16-20	—	1	1
21-39	4	2	6
40-49	6	1	7
50-59	2	1	3
60-64	3	—	3
	15	5	20

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employment—Elsewhere			
Age 16-20	—	1	1
21-39	2	2	4
40-49	2	—	2
50-59	3	—	3
60-64	1	—	1
	8	3	11

Thus 31 were employed during the year (23 males and 8 females) and 4 were receiving education.

The following table indicates the different types of occupation of the 31 registered blind employed persons noted above:

Occupation	Place of Employment			Totals
	Work-shops	Home	Elsewhere	
Salesmen	1	—	—	1
Basket Workers	7	—	—	7
Brush Makers	5	—	—	5
Machine Knitters	3	—	—	3
Labourers	—	—	4	4
Mat Makers	1	1	—	2
Chair Seaters	1	—	—	1
Telephone Operators	—	—	1	1
Cleaners	2	—	—	2
Factory Operatives	—	—	3	3
Typists	—	—	2	2
Totals	20	1	10	31

The following table indicates the position of the remaining 248 unemployed registered blind persons with respect to training and capability for employment.

Classification	Males	Females	Total
Under Training	1	—	1
Trained but Unemployed	—	1	1
Not Available for Work	5	24	29
Not Capable of Work	19	22	41
Not Working (all over 65 years of age).....	71	104	175
Unemployed but capable of and available for work	1	—	1
Totals	97	151	248

40 of the persons registered as blind also suffered additional disabilities as indicated in the table below:

							Males	Females	Totals
Mentally Disordered	.....	.....	.....	.....	.....	.....	1	1	2
Mentally Defective	.....	.....	.....	.....	.....	.....	2	—	2
Physically Defective	.....	.....	.....	.....	.....	.....	2	5	7
Deaf without Speech	.....	.....	.....	.....	.....	.....	1	—	1
Deaf with Speech .....	.....	.....	.....	.....	.....	.....	2	1	3
Hard of Hearing .....	.....	.....	.....	.....	.....	.....	13	9	22
Physically Defective and Deaf or Partially Deaf .....	.....	.....	.....	.....	.....	.....	2	1	3
							23	17	40
						Totals			

Two youths attend the St. Helens Occupational Centre for Mental Defectives.

Ten persons are maintained in homes, two in mental hospitals, two in mental deficiency institutions and two in other hospitals.

(B) Registered Partially Sighted Persons

During the year 41 completed B.D.8. forms were received by the Medical Officer of Health in respect of persons certified as partially sighted.

On the 1st January 1956, there were 52 persons registered as partially sighted. During the year 20 new cases were entered on the register (including one person formerly registered as blind having been de-certified and re-registered as partially sighted). There were 6 deaths and 3 persons formerly registered as partially sighted whose sight deteriorated were re-registered as blind. Thus at the 31st December, 1956, there were 63 persons remaining on the register of partially sighted persons. The following analysis gives the information concerning these persons by age groups:

<i>Age distribution:—</i>								<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Age</i>	5-15	.....	.....	.....	.....	.....	.....	6	3	9
	16-20	.....	.....	.....	.....	.....	.....	2	—	2
	21-49	.....	.....	.....	.....	.....	.....	3	2	5
	50-64	.....	.....	.....	.....	.....	.....	4	9	13
	65 and over	.....	.....	.....	.....	.....	.....	13	21	34
								28	35	63

Educational and Occupational Distribution.

The following analysis shows the different states of occupation of the 63 partially sighted persons:

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
(a) Persons over 16 years of age—			
(i) Not available for or not capable of work	20	31	51
(ii) Employed	2	1	3
Totals	22	32	54
(b) Persons under 16 years of age—			
Attending Special Schools	1	2	3
Attending other Schools	4	1	5
Ineducable	1	—	1
Totals	6	3	9

Particulars of Cases Examined.

The following table shows the analysis of completed forms B.D.8 received by the Medical Officer of Health during 1956 in respect of Blind and Partially Sighted Persons.

(i) Number of cases registered or re-examined during the year in respect of which para. 7(c) of Forms B.D.8 recommends:	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	M	F	M	F	M	F	M	F
BLIND								
(a) No treatment	6	7	—	2	—	—	6	6
(b) Treatment (medical, surgical or optical)	5	4	—	—	—	—	1	—
PARTIALLY SIGHTED								
(a) No treatment	6	11	—	2	—	—	5	7
(b) Treatment (medical, surgical or optical)	5	3	—	—	—	—	1	1
(ii) Number of cases under (i) above which on follow-up action have received treatment:								
(a) Blind cases	4	1	—	—	—	—	1	—
(b) Partially sighted cases	3	1	—	—	—	—	1	1

Registered Blind Persons

As was the case in 1955, cataract again proved to be the commonest condition responsible for blindness amongst the 33 newly registered cases in 1956.

Ophthalmia Neonatorum.

There were no cases of ophthalmia neonatorum notified to the Medical Officer of Health during the year 1956.

Acknowledgment is made to Mr. M. F. Beglin, Chief Welfare Officer, for the information contained in the above Section.

XVI.—GENERAL PROVISION BY THE HEALTH AND WELFARE SERVICES FOR THE CARE OF HANDICAPPED PERSONS INCLUDING EPILEPTIC AND SPASTIC PERSONS

The welfare provision for the care of handicapped persons, including Epileptics and Spastics, is undertaken by the Welfare Services Committee of the Council in accordance with the scheme approved by the Ministry of Health on 24th May, 1954.

At the end of 1955, 228 persons, substantially and permanently handicapped, had been registered. During 1956, a further 42 registrations were effected and nine persons were removed from the register due to death or transfer. Thus on the 31st December, 1956, 261 persons substantially and permanently handicapped were on the Register.

It was possible to assess the needs of these registered persons more accurately during the year and preliminary arrangements were made for a Social Centre to be opened during 1957 and for transport to be provided, where necessary, for persons attending the Social Centre, thus meeting the greatest known need. The Council also approved the purchase of wheelchairs for issue on loan to needy persons in order to supplement the services already being provided by local voluntary organisations. Considerable practical assistance was given to handicapped persons to help them overcome the effects of their disabilities as they became apparent, and it will be seen from Table H.P. 3 that 231 demands were made on the services available.

In September, 1956, the Council appointed two additional Welfare Visitors to the staff of the Welfare Services Department to undertake the regular visiting of handicapped persons in addition to other duties concerned with the care of aged persons living in their own homes. During the three months of their employment up to the end of the year, 264 visits were paid to registered persons and instruction was given in handicrafts to those who were housebound.

HANDICAPPED PERSONS

(a) Classification in relation to defect

Details of the numbers and classification of known handicapped persons in St. Helens are given on page 78. These are classified under the appropriate Medical Research Council code and the figures shown in parenthesis denote the numbers who suffer from dual disabilities, e.g. deaf and partially sighted, blind and epileptic, etc.

(b) Grouping in relation to employability

Table, H.P.2., shows the grouping of the 261 handicapped persons in relation to their employability. These are classified by sex in the five recognised employability groups.

Six adaptations to dwelling houses have been carried out at a total cost of £198 18s. 6d. to enable handicapped persons to live normal lives in their own surroundings. Ramps have been provided to replace steps for persons using wheelchairs, and kitchen appliances have been moved to provide a more satisfactory lay-out within the home for a disabled person.

Table H.P.1.
Details of registered handicapped persons in St. Helens
classified in accordance with disability.

DISABILITY	Code	Male	Female	Total
Amputation	A/E	6	3	9
Arthritis and Rheumatism	F	17(4)	7(2)	24
Congenital Malformations and Deformities	G	8(1)	2	10
Diseases of the Digestive and Genito-Urinary Systems; of the Heart or Circulatory System ; of the Respiratory System (other than T.B.); and of the skin	H/L	53(7)	7	60
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Also injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine	Q/T	32(3)	11	43
Organic Nervous Diseases— Epilepsy, Disseminated Sclerosis, Polio-myelitis, Hemiplegia, Sciatica, etc.	V	40(3)	17(3)	57
Neuroses, Psychoses and other Nervous and Mental Disorders not included in V	U/W	22(2)	4	26
Tuberculosis (Respiratory)	X	12	3(1)	15
Tuberculosis (Non-Respiratory)	Y	1	1	2
Diseases and Injuries not specified above	Z	9	6	15
Totals		200(20)	61(6)	261

Table H.P.2.
Details of registered Handicapped Persons in St. Helens
grouped in accordance with employability.

Age Group	Employability Group	Code	Male	Female	Total
Persons aged 16 & upwards	Capable of work under ordinary industrial conditions	A	112	19	131
	Incapable of work under ordinary industrial conditions but mobile and capable of work in sheltered workshops	B	62	18	80
	Incapable of work under ordinary industrial conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	C	6	4	10
	Incapable of or not available for work	D	18	19	37
Children under the age of 16 years	Whose needs are likely to be met under other enactments but for whom the L.A. have a general responsibility under S.29 of the National Assistance Act, 1948	E	2	1	3
Totals			200	61	261

The following Table H.P.3, shows the demands made by 155 of the 261 registered handicapped persons for the various services available under this scheme. Many of the 155 persons wish to participate in more than one service. The remaining 106 cases have requested assistance in the obtaining of employment, and of benefits other than those provided by local Welfare Authorities, etc.

Table H.P.3.

Adaptation to Premises	6
Handicrafts—	
(a) In the Home	7
(b) Collective	72
Need for Holidays	4
Social Visits	2
Manual Assistance	2
Social Centre	133
Recreation and Entertainments	1
Transport facilities	4
Total	231

It was possible to provide a holiday for one handicapped person during the Christmas period and the Council provided employment for another handicapped person.

Epileptics

There were 31 known cases of epilepsy in the Borough over the age of 15 years. Of these 24 were males and 7 females.

Table H.P.4.
Number of registered Epileptics under
Classification V. of Table H.P. 1.

	Employed	Un- Employed	Total
Males	5 (1)	19 (4)	24 (5)
Females	1	6	7
Total	6	25	31

Epileptics of school age are not registered with the Welfare Department, but at the close of school life recommendations are made to that department, after assessment of individual cases, with regard to the possibilities of placing in employment.

During the year 8 epileptics were provided by the Welfare Authority with accommodation in Epileptic Colonies. Of these, 2 males and 3 females were in colonies administered by voluntary organisations and 2 males and 1 female in a colony administered by another Local Welfare Authority.

Optical treatment	5
National Assistance benefit	11
W.V.S. clothing	15
Christmas food parcels	24
Christmas dinners	31
Assistance of Home Teachers	10
Assistance of Home Help Service	18
Assistance of Public Health Inspectors	9
Assistance of Housing Welfare Officers	6
Assistance of Duly Authorised Officer	1
Assistance of Health Visitors	6
Renewed contact with relatives	14
Requiring sub-tenants to reside with them and provide continuous care	6
Service of MANWEB	5
Fuel Overseer	6
Coal merchants	6
Insurance Societies	4
Rediffusion Limited	2
Provision of fire-guards	2

Each of the 139 persons registering was supplied at the time of the initial visit with a pre-paid postcard in order to summon assistance should help be needed before the next normal visit became due. Thirty-four of the persons registering returned these cards during the year seeking assistance, which was made immediately available. Liaison was effected with the local hospitals whereby the Welfare Department was notified when an aged person fit for discharge was to be returned home to live alone and all assistance was given in preparing the home to receive such persons. The protection of moveable property of elderly persons admitted to hospital was undertaken where no suitable arrangement had otherwise been made by the patient. Where the property remained in the house and the tenancy could be safe-guarded, arrangements were made to insure the contents and the Chief Constable kindly arranged Police supervision of the premises. Where the tenancy could not be protected all moveable property was transferred to storage in accommodation belonging to the Welfare Services Committee. On the death of an elderly person where no satisfactory arrangements had otherwise been made, the Welfare Services Committee undertook to arrange the burial and to maintain contact with the Duchy of Lancaster concerning the administration of the estate.

It is appreciated that the number of persons registering represents only a small fraction of the total elderly population of the Borough but the degree of co-operation achieved in this first year of operation has confirmed the necessity for the scheme. It is hoped that the initial success experienced will lead to a greater increase in the numbers registering.

Acknowledgement is made to Mr. M. F. Beglin, Chief Welfare Officer, for the information contained in the above section.

XVII.—INSPECTION AND SUPERVISION OF FOOD

Meat and Other Foods. The inspection and supervision of all meat at the Public Abattoir and at the private slaughterhouse is carried out by qualified meat inspectors.

Table S.I.1.
CARCASSES INSPECTED DURING 1956.

	PUBLIC ABATTOIR					Private Slaughter-house
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	
Number killed	923	5297	227	6964	6364	5034
Number inspected	923	5297	227	6964	6364	5034
Condemned:—						
(a) All diseases except Tuberculosis and Cysticerci—						
(i) Whole carcasses condemned	1	2	—	2	5	8
(ii) Carcasses of which some part or organ was condemned	145	1179	—	1758	2233	1767
(iii) Percentage of number inspected affected with disease other than tuberculosis	15.8%	22.3%	0.8%	25.3%	35.1%	35.3%
(b) Tuberculosis only:—						
(i) Whole carcasses condemned	—	26	1	—	1	1
(ii) Carcasses of which some part or organ was condemned	88	941	—	—	113	76
(iii) Percentage of the number inspected affected with tuberculosis	9.5%	18.2%	0.4%	—	1.8%	1.5%
Cysticercosis:—						
Carcasses of which some part or organ was condemned	—	4	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	4	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The practice was continued during the year of submitting to the Liverpool City Laboratories for examination specimens of parts of carcasses or organs suspected to be affected with Cysticercus Bovis. 4 specimens were sent and in all cases the presence of Cysticercus Bovis was confirmed.

Table S.I.1 gives details of the results of such inspection.

Under the Slaughter of Animals Act, 1933, 3 licences were granted and 30 licences were renewed to slaughtermen during the year.

At the end of the year, 177 premises were registered under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish, or other food intended for the purpose of sale.

During 1956, 2,908 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored. In one instance a minor offence was discovered and dealt with by service of informal notice.

Public Health (Meat) Regulations, 1924.—No infringement of these Regulations was found during the year.

Merchandise Marks Act, 1926 and Orders.—Infringements of the Merchandise Marks Orders were dealt with by verbal warnings.

Food Hawkers.—Section 47 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, requires the registration of any person (other than a person keeping open shop) who sells, offers or exposes for sale food from any vehicle or receptacle. The section also requires the registration of storage accommodation for any food intended for any of these purposes.

At the end of the year 44 persons and 69 separate sets of premises were registered under this section.

Clean Food Campaign.—It was not found necessary during the year to institute legal proceedings under the Food Byelaws.

Food traders in the Borough are generally making a serious endeavour to comply with the requirements of the Byelaws.

The following are the particulars at the end of the year of the numbers and types of food premises in the Borough:—

Grocers' and General Shops	.....	.....	.....	.....	498
Butchers' Shops	.....	.....	.....	.....	99
Greengrocery and Wet Fish Shops	.....	.....	.....	.....	102
Fried Fish Shops	.....	.....	.....	.....	101
Bakehouses	.....	.....	.....	.....	64
Confectioners' Shops	.....	.....	.....	.....	59
Sweet Shops	.....	.....	.....	.....	93
Snack Bars, Cafes, etc.	.....	.....	.....	.....	21
Industrial Canteens	.....	.....	.....	.....	33
Hawkers' storage premises	.....	.....	.....	.....	69
Dairies	.....	.....	.....	.....	21
Ice Cream premises	.....	.....	.....	.....	8
Miscellaneous food premises	.....	.....	.....	.....	51
					<hr/>
					1,219
					<hr/>

Premises registered under Local Acts.

The following are the particulars of food premises in the Borough registered under local Acts together with the numbers of inspections made in respect of each of these classes of premises:—

	<i>No. of Premises</i>	<i>No. of Inspections</i>
(a) St. Helens Corporation Act, 1933—Section 127—Premises used for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish or other foods	177	370
(b) St. Helens Corporation Act, 1933—Section 133—		
(1) Premises used for the manufacture and sale of ice cream	8	315
(2) Premises used for the sale of ice cream	267	
(c) St. Helens Corporation (Electricity and General Powers) Act, 1948—Section 47. Premises used by hawkers of food as storage accommodation	66	26

Premises registered under Milk and Dairies Regulations, 1949.

Premises used as dairies.....	21	60
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Disposal of Condemned Food.

Condemned meat and offals from the Public Abattoir are disposed of to a firm of animal foodstuffs and fertilisers manufacturers. This firm has given a guarantee that no raw meat will be sold to pet shops and that adequate steps will be taken for preventing the meat from getting into unauthorised hands. All condemned meat and offals are treated with a suitable colouring agent before release from the Public Abattoir.

Other classes of condemned foodstuffs are dealt with by treatment with disinfectant for the purpose of rendering them unmarketable, and are afterwards buried at the local refuse tip. Canned goods are punctured before release and are similarly disposed of.

The following are the total quantities of various classes of foodstuffs which were condemned during the year at the abattoir, or in shops, etc., owing to being diseased or unsound:

Meat	112,637 lbs.
Canned Goods	14,473 lbs.
Fish	196 lbs.
Miscellaneous Foodstuffs	182 lbs.
	<hr/>
	127,488 lbs.
	<hr/>

The Food Hygiene Regulations 1955, issued under the Food and Drugs Act, became operative on the 1st January, 1956. A great deal of preliminary work had been done before the issue of these Regulations, and much improvement in the hygienic handling and distribution of foodstuffs could be recorded. There was, however, a continued shortage of Sanitary Inspectorial staff and any form of extensive campaign conducted on the basis of the new regulations was found to be out of the question during the year.

Legal proceedings were taken in respect of an infringement of Regulation 9(e). The offender was fined £3.

MILK AND MILK PRODUCTS

Milk and Dairies Regulations, 1949.

At the end of the year there were registered under these Regulations:

- 24 persons as distributors of milk from dairy premises;
- 263 persons as distributors of milk in sealed bottles only from shops; and
- 21 premises as dairies.

Most of the milk received into dairy premises in St. Helens is delivered to those premises in sealed bottles. The administration of these Regulations does not now, therefore, constitute a serious problem.

545 visits were paid by the Public Health Inspectors to these premises during the year.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following licences were granted during the year under these Regulations:—

Dealers' Licences authorising the use of the special designation "STERILISED"	327
Dealers' Licences authorising the use of the special designation "PASTEURISED"	141
Dealers' Licences authorising the use of the special designation "TUBERCULIN TESTED MILK (PASTEURISED)"	88
Dealer's (Pasteuriser's) Licence authorising the use of the special designation "PASTEURISED"	1
Supplementary Licences authorising the use of the special designation "STERILISED"	7
Supplementary Licences authorising the use of the special designation "PASTEURISED"	8
Supplementary Licences authorising the use of the special designation "TUBERCULIN TESTED MILK (PASTEURISED)"	7

Milk (Special Designation) (Raw Milk) Regulations, 1949

The following licence was granted under these Regulations for the year ended 31st December, 1956:

Supplementary Licence authorising the use of the special designation "TUBERCULIN TESTED (FARM BOTTLED)"	1
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Biological Examination of Milk.—In the routine examination of milk supplies 64 samples were examined by guinea-pig inoculation for the presence of tubercle bacilli. All were reported negative.

Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 56 samples were also taken for the methylene blue (4½/5½ hours) reduction test.

The results of these examinations showed that 16 samples of tuberculin tested milk failed to satisfy the methylene blue test required by the Regulations.

237 samples of pasteurised milk were also examined for the methylene blue (30 minutes) test. 3 samples failed to satisfy the test.

Examination of Milk for the presence of Phosphatase.—237 samples of milk were also examined during the year for the presence of phosphatase. All samples were reported to have been sufficiently heat treated.

Turbidity Test for Sterilised Milk.—During the year 63 samples were submitted for this test. All were reported to be satisfactory.

Milk-in-Schools Scheme.—All milk now supplied to schools under the Milk-in-Schools Scheme is milk for which a pasteuriser’s licence has been granted. Careful supervision is exercised by the Public Health Inspectors and frequent samples are taken for chemical examination and for examination for bacterial contamination.

The number of samples taken during 1956 and the results are as follows:

1. Samples taken for chemical analysis	.....	.....	.....	.....	.....	341
Number reported below standard	.....	.....	.....	.....	.....	12
2. Samples examined for bacteriological cleanliness	.....	.....	.....	.....	.....	8
Number reported to be unsatisfactory	.....	.....	.....	.....	.....	nil
3. Samples examined for the presence of tubercle bacilli	.....	.....	.....	.....	.....	8
Number in which tubercle bacilli was found	.....	.....	.....	.....	.....	nil

The chemical analyses of the above samples were carried out by means of the Gerber Test at the Department’s own laboratory, and only in doubtful cases were samples examined by the Public Analyst.

In the case of 12 samples found to be below standard, further samples were submitted to the Public Analyst and reported genuine.

Ice Cream Premises.—The following are the particulars at the end of the year of registrations under the St. Helens Corporation Act, 1933, of manufacturers and vendors of ice cream and the premises used by them:—

Manufacturers and Vendors	.....	.....	.....	.....	.....	8
Vendors only	.....	.....	.....	.....	.....	263
Premises for manufacture and sale	.....	.....	.....	.....	.....	7
Premises for sale only	.....	.....	.....	.....	.....	290

The 263 vendors mentioned above sell ice cream in wrapped packages only.

147 samples of ice cream were taken during the year for bacteriological examination by the Methylene Blue Test. These samples were taken from manufacturers and vendors whose premises are situate both inside and outside the Borough.

Results of Ice Cream Sampling

	Grade 1	Grade 2	Grade 3	Grade 4
Producers outside the Borough	58	10	3	—
Producers inside the Borough	56	13	5	2
	114	23	8	2

147 samples of Lolly Ices were taken during the year for bacteriological examination and were generally reported to be satisfactory.

All ice cream manufacturers' premises and plants have now been brought up to a satisfactory hygienic standard. Further, all vehicles used for the sale of unwrapped ice cream are provided with satisfactory supplies of hot and cold water and suitable washing facilities.

Very few contraventions of the Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1952, were found during the year. Manufacturers and vendors are generally making a serious effort to comply with the requirements of these Regulations.

During the year, 315 visits of inspection were made to ice cream premises in St. Helens.

FOOD AND DRUGS.

Food and Drugs Act, 1955.—During 1956, 203 formal samples and 130 informal samples of various foods and drugs were submitted to the Public Analyst, and 16 (4.8%) were reported as adulterated.

Legal proceedings were instituted in respect of the following formal samples.

<i>Article</i>	<i>Particulars of Offence</i>	<i>Result of Legal Proceedings</i>
Cream Puffs Cream Crisps Cream Savoyes	} Selling articles of food containing a substance resembling cream in appearance, but not being cream, under a description which included the word "cream".	Offenders fined £3 on each of 3 counts and £2 10s. 0d. costs.

In the case of three other formal and ten other informal samples reported as adulterated, appropriate action was taken by the Public Health Inspector's Department.

The Public Health (Condensed Milk) Regulations, 1923 and 1927. The Public Health (Dried Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1940.—All samples submitted to the Public Analyst under the Food and Drugs Act, 1938 were also examined for the presence of preservatives.

Fertilisers and Feeding Stuffs Act, 1926.—1 sample of feeding stuff was taken under the above Act during the year, and was reported to be genuine.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 52 persons entered in the Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List. The number of premises concerned was 67.

73 visits were paid to these premises and no infringements of the Act were found.

Pharmacy and Medicines Act, 1941.—Details of a sample of Influenza Mixture, reported by the Public Analyst not to conform with the provisions of the Pharmacy and Medicines Act, 1941, were referred to the Pharmaceutical Society of Great Britain. Satisfactory action was taken by the Society.

Bakehouses.—There are 64 bakehouses in St. Helens and mechanical power is employed in 56 instances.

105 visits of inspection to the various bakehouses were made during the year and 8 defects were found, most of which were remedied before the end of the year.

DISEASES OF ANIMALS ACTS.

Tuberculosis Order, 1938.—No cases under this Order were reported during the year.

Anthrax.—One case of suspected Anthrax was reported during the year, but the disease was not confirmed.

Swine Fever.—4 cases of suspected Swine Fever were reported. In no instance was the disease confirmed.

Foot and Mouth Disease.—1 case of suspected Foot and Mouth disease was reported during the year. This case was not confirmed.

Fowl Pest.—83 cases of suspected Fowl Pest were reported during the year. In 47 instances the disease was confirmed.

Markets, Sales and Lairs Order, 1925.—There is one collecting and grading centre in the Borough, which is situate in Woodlands Road.

OUTBREAKS OF FOOD POISONING.

Food Poisoning.—There was no outbreak of food poisoning during the year 1956. In all, 12 sporadic cases occurred in the County Borough of St. Helens. Bacteriological investigation showed that in 11 of these cases, the infecting organism was *Salmonella Typhi-murium* and in one case the organism was *Salmonella Thompson*.

6 cases occurred in the first quarter of the year, 2 in the second, 1 in the third and 3 in the fourth quarter.

It was not possible to definitely identify any particular foodstuff as being responsible for any of these sporadic cases of food poisoning. It would seem most probable that infection was from human carriers.

No death occurred from food poisoning and in the majority of cases the symptoms were very mild.

XVIII.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Clock Face and Collins Green. The water from the last-mentioned source is subjected to chlorination and high pressure filtration before distribution.

The water from the deep wells and from Collins Green and Clock Face is hard, the average hardness being 22.6° and 27° respectively, and the hardness of both is reduced to approximately 10.5° by softening processes before distribution. The water from the Liverpool Corporation Rivington Main is soft and is blended with hard water before distribution, so that in its ultimate distribution it also approximates to 10.5° .

Mains extensions involving a total of 8,140 lineal yards were carried out in various parts of the Borough during the year.

The quality of the water has remained satisfactory and the supply to all parts of the Borough is reasonably adequate. The quantity of water available has been sufficient to meet all requirements during the year.

Bacteriological examinations of the water were made at regular intervals at the sources of supply, and at the reservoirs prior to distribution into supply, in all cases after chlorination.

Of the 500 samples taken for bacteriological examination during the year, 492 were classified as Class 1; 11 Class 2; 5 Class 3; and 2 Class 4.

The water supplied has no plumbo-solvent action.

The supply is on the constant system. With only one or two exceptions which receive their supply from stand-pipes, water is supplied directly to all the houses in the Borough from the Corporation's water mains.

All supplies are chlorinated before distribution.

RIVERS AND STREAMS.—The supervision of rivers and streams in St. Helens is carried out by the Mersey River Board.

DRAINAGE AND SEWERAGE.—The construction of the Sutton Intercepting Sewer (Northern Section) from the disposal works at Parr to Ashtons Green and Derbyshire Hill was completed during the year, thus providing adequate sewerage facilities for existing and proposed development in the above areas and replacing the existing main sewers damaged by subsidence. Work has continued on the reconstruction of the Parr Sewage Disposal Works.

CLOSET ACCOMMODATION.—At the end of the year 140 pail closets and 144 privy middens were in use serving 124 and 224 premises respectively.

PUBLIC CLEANSING.—The system for collection of refuse was improved by putting into operation of the larger capacity fore and aft tipping vehicles. The collection area was extended to cover new properties.

HOUSE REFUSE ACCOMMODATION.—The scheme for the provision and maintenance of dustbins and the abolition of ashpits is now in operation throughout the Borough.

Staff shortage again seriously curtailed that part of the programme dealing with the abolition of fixed ashpits. By the end of the year 134 ashpits serving 246 houses had been demolished or converted under the scheme.

TAYLOR PARK PADDLING POOL.—6 samples were taken of the water in this pool for bacteriological examination. Treatment of the water was carried out at intervals throughout the summer months under the supervision of the Public Health Inspector's Department.

ATMOSPHERIC POLLUTION.—For the measurement of atmospheric pollution in St. Helens the following observation stations are now maintained:—

Claughton Street Clinic	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Albion Street Clinic	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Eccleston Hill Waterworks	.....		Standard Deposit Gauge. Lead Peroxide Instrument.
Victoria Park	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Peasley Cross Isolation Hospital	.....		Lead Peroxide Instrument.
Sutton Manor Sewage Works	.....		Lead Peroxide Instrument.
Public Health Inspector's Office, Hardshaw Street	.....	.....	Smoke filter Cancer Research machine.

No meeting of the St. Helens and District (Atmospheric Pollution) Joint Consultative Committee was held during the year.

331 observations were taken of industrial chimneys during the year. In 41 instances black smoke was emitted for more than two minutes during the half-hour period of observation. Representations were made with the firms concerned with a view to the diminution of the nuisance. In a number of instances these representations resulted in improvements to boiler plants. 11 inspections of boilerhouse plants were made during the year.

FACTORIES.—10 defects were reported by H.M. Inspector of Factories during the year. In addition 15 instances of unsuitable or defective sanitary conveniences were also dealt with as a result of sanitary inspections.

A total of 54 visits of inspection were made to factories during 1956.

Table S.I.2. gives particulars of the administrative action taken under the Factories Act, 1937.

Table S.I.2.
PART I OF THE ACT.

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	32	6	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	301	48	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	—	—	—
TOTAL	351	54	7	—

2.—**CASES IN WHICH DEFECTS WERE FOUND**
(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three, or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	1	—	—	2	—
(b) Unsuitable or defective	13	11	—	7	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	15	11	—	10	—

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Sec. 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel—making, etc.	3	—	—	—	—	—
Paper Bags	55	—	—	—	—	—
TOTAL	58	—	—	—	—	—

SANITARY INSPECTION OF THE AREA.—The total number of visits made by the Public Health Inspectors was 24,485. The nature of these inspections is shown in Table S.I.3, and Table S.I.4 contains a list of notices served and the results of such notices.

TABLE S.I.3.

Number and nature of inspections during 1956.

(a) Number of complaints investigated :—	
1. Housing defects	1734
2. Choked and defective drains	364
3. Emissions of smoke	37
4. Accumulations of offensive matter	28
5. Miscellaneous	181
(b) Inspections re Sanitation and Food Supply :—	
Dwellings inspected	2298
Common Lodging Houses	145
Houses—Let in Lodgings	18
Tents, Vans and Sheds	62
Common Yards, Back Roads and Passages	76
Pigstyes	46
Offensive Trades	12
Places of Public Entertainment	65
Public Sanitary Conveniences	54
Conversions	6
Schools	50
Brokers' Premises	8
Ashes Receptacles	161
Smoke Observations	277
Smoke Control Areas	3
Prior Approval Inspections	11
Visits to Boilerhouses	11
Testing drains : By smoke	69
By water	45
By coloured water	13
By breaking down	12

Carried forward 3442

TABLE S.I.3—*continued.*

Number and nature of inspections during 1956.

(b) Inspections re Sanitation and Food Supply— <i>continued</i>	3442
Factories Act, 1937 :—Factories with mechanical power	48
Factories without mechanical power.....	6
Workplaces	7
Outworkers' Premises	54
Shops Act, 1950	4
Fried Fish Shops.....	68
Fishmongers' and Greengrocers'	172
Butchers' Shops	251
Grocers' and General Shops	943
Bakehouses	105
Canteens	97
Public Houses, Beer Houses, etc.	16
Food Preparing and Storing Places	370
Merchandise Marks Act	54
Dairies	545
Ice Cream Premises	315
Samples of milk for bacteriological and biological examination	414
Samples of Ice Cream	147
Samples of Ice Lollies	147
Samples of drinking water for bacteriological examination	23
Samples of swimming bath water for bacteriological examination	8
Samples of other foodstuffs for bacteriological examination	42
Samples of milk and other foodstuffs for chemical analysis	674
Samples of fertilisers and feeding stuffs	1
Pet Animals Act, 1951	8
Pharmacy and Poisons Act, 1933	73
Pharmacy and Medicines Act 1941	1
Prevention of Damage by Pests Act, 1949	4068
Inspection of dwellinghouses and other premises for vermin infestation	94
Visits to work in progress	9901
Refuse Tips and Spoilbanks	11
Hairdressers' and Barbers' Premises.....	329
Atmospheric Pollution Gauges	102
Visits re Housing—measurement for "Permitted Numbers"	130
Private Slaughterhouse	22
Food Poisoning Enquiries	12
Visits re Cancer Research	114
Food Hawkers' storage accommodation	26
Housing Repairs and Rents Act, 1954—Inspections re Certificates of Disrepair	35
Housing Act, 1949—Inspections re Improvement Grants	33
Miscellaneous Visits (interviews, etc.)	1573
	<hr/> 24485 <hr/>

Table S.I.4.

Number of defects for which notices were served during 1956 and results

Subject of Notices	Pre-liminary notices	Statutory notices	Number complied with	Number outstanding at end of year
Dampness arising from defective roofs, eavesgutters, rainwater pipes and pointing	1943	1386	1187	756
Defective and choked drains, closets, cesspools, etc.	391	131	370	21
Absence of proper sink	18	9	1	17
Unsatisfactory house refuse accommodation	3	—	1	2
Unsatisfactory yard paving	8	3	3	5
Ditches	2	2	—	—
Filthy or verminous condition of premises	11	—	7	4
Accumulation of manure and offensive matter	2	—	10	—
Keeping of Animals, etc.	2	—	—	2
Other housing defects	1331	1013	926	405
Excessive emissions of smoke	18	4	8	10
Miscellaneous	113	27	62	51
Contraventions of :—				
Factories Act, 1937	20	—	10	10
Food and Drugs Act, 1955	1	—	1	—
Milk (S.D.) Regulations, 1949	—	—	2	—
Shops Act 1950	4	—	—	4
Byelaws with respect to Hairdressers and Barbers and their premises	2	—	3	—
Insufficient Water	2	—	—	2
Other premises white-washed	1	—	—	1
Rent Restrictions Regulations.....	3	—	2	1
	3875	2575	2593	1291

Referred to other departments:—

To Borough Engineer.

Choked or defective sewers	76
Choked or defective street gullies	11
Waste of Water	175
Dangerous structures	170
Unauthorised erections	3
Maintenance of Dustbins Scheme	83

To Housing Manager

Choked drains and housing defects	65
Cases of overcrowding	2
Accumulation of refuse	1

To North Western Gas Board

Escapes of coal gas.....	3
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CHOKED DRAINS.—During the year 722 complaints of choked drains were made to the Department. Of this number 388 drains were freed from obstruction by members of the staff of the Public Health Inspector's Department thus obviating the necessity for serving notices upon the owners.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS

Offensive Trades.—There are only two offensive trades in the Borough comprising 1 tripe boiler and 1 rag and bone dealer. During the year 2 visits of inspection were paid to premises of this nature.

Camping Sites.—No sites were licensed during the year as camping sites.

Houses-let-in-lodgings.—There are 5 premises known to the Department to be used as Houses-let-in-lodgings.

Common Lodging-Houses.—There are at present three premises used as common lodging-houses in St. Helens.

145 visits were paid to these premises during the year.

Two of these have a very low standard of housing accommodation and there is urgent need for additional common lodging-house accommodation of a much improved standard.

Hairdressers and Barbers.—There were at the end of the year 155 persons registered as hairdressers or barbers, and the number of premises registered was 146.

329 visits of inspection were made to these premises during the year.

Byelaws with respect to Nuisances.—These byelaws prove very effective for the control of pig-keeping. There were 55 persons in the Borough known to be engaged in the keeping of pigs, at the end of the year. 46 visits of inspection were made to pig styes during the year.

OTHER SANITARY CONDITIONS

Prevention of Damage by Pests Act, 1949.—Table S.I.5 gives particulars of the work carried out under the above-mentioned Act during the year.

The equivalent of two full-time Rodent Operators are employed by the Department for this work.

St. Helens can be regarded as being in a favourable position in regard to infestation of premises by rats. This is considered as being due to the policy of the Council over a long period in requiring the rat-proofing of drains and sewers in the case of all premises where infestations have occurred.

Table S.I.5.

PREVENTION OF DAMAGE BY PESTS ACT, 1949**Report for year ended 31st December, 1956**

	Type of Property				Total
	Local Authority	Dwelling houses	Agri-cultural	All other (including business premises)	
1. Total number of properties in Local Authority's district	100	31000	140	2580	33820
2. Number of properties inspected as a result of:					
(a) notification.....	35	135	3	82	255
(b) survey under the Act	43	101	13	261	418
(c) otherwise (e.g. when visited primarily for some other purpose)....	18	1762	—	609	2389
3. Total inspections carried out	289	2352	21	1406	4068
4. No. of properties inspected which were found to be infested by:					
(a) Rats (Major	—	—	—	—	—
(Minor	11	84	3	43	141
(b) Mice (Major	—	—	—	—	—
(Minor	35	42	—	60	137
5. No. of infested properties treated by Local Authority	36	65	2	73	176
6. Total treatments carried out	45	66	2	90	203

Shops Act, 1950.—In addition to statutory duties in regard to the ventilation and temperature of shops and the provision of sanitary conveniences, the Public Health Inspector's Department in St. Helens also takes responsibility for those provisions of the Act relating to lighting, washing facilities and facilities for the taking of meals.

No infringements of the Shops Act, 1950, were found during the year.

The number of visits paid to shop premises during 1956 was 4.

Places of Public Entertainment.— 65 visits were paid for inspection purposes. The condition of these premises was found to be generally satisfactory.

Public Houses, Beer Houses, etc.—The condition of these premises was found to be generally satisfactory throughout the year.

16 visits of inspection were made.

Canal Boats.—There is only one canal within the Borough (the St. Helens Canal and this has not been used for traffic for a number of years

Mortuaries.—A Public Mortuary with post-mortem room is maintained behind the Town Hall, and is under the supervision of the Medical Officer of Health. During the year, 106 bodies were received into the mortuary and 71 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—At the end of the year there were 19.689 acres of land available for burials at the Borough Cemetery. There is an additional area of land adjoining the cemetery which can be utilised for extension purposes, consisting of 23.8 acres; 8.47 acres of this area will be used for the proposed Crematorium and for a Garden of Remembrance, leaving 15.33 acres for future earth burials.

Swimming Baths.—Indoor swimming baths, situate in Boundary Road, are maintained by the Corporation. There are two plunge baths and the method of purification of the water is by means of continuous filtration and chlorination. This method has continued to give reasonable satisfaction throughout the year.

8 samples of water from these baths were taken by the Department for bacteriological examination during the year. The results of these examinations showed that the water was generally satisfactory for bathing purposes.

Rag Flock and Other Filling Materials Act, 1951.—Owing to shortage of Public Health Inspectors, no samples of rag flock or other filling materials were taken during the year nor were any visits of inspection made.

Housing Act, 1936—Slum Clearance.—Progress was continued during the year on the two-year slum clearance programme approved by the Public Health Committee.

Confirmation was received of the Eccleston Street Compulsory Purchase Order in respect of 34 houses. Two further areas were represented, consisting of 175 houses and 4 houses.

Permission was given for the demolition of three individual unfit houses which had been included in the slum clearance proposals.

XIX—HOUSING

Housing Repairs and Rents Act, 1954

*Certificates of Disrepair
under the Housing Repairs
and Rents Act, 1954*

(a)	Number of applications made	35
(b)	Number of applications granted	35
(c)	Number of applications made for rescission and granted	5
(d)	Number of applications made for rescission and not granted.....	—

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS

During the year, 414 inspections of dwellinghouses and food premises for vermin infestation were made, and the following disinfestation work was carried out:—

(1)	Privately owned dwellinghouses	158
(2)	Occupied Council houses	111
(3)	Food premises	6
(4)	Corporation buildings, other than dwellinghouses	8
(5)	Other buildings.....	37
Total No. of premises treated		<u>320</u>

The insecticides used were either D.D.T. or Gammexane.

During the year 2 persons were sent to the Peasley Cross Isolation Hospital for the cleansing of themselves and their clothing. In all these cases bedding was also disinfested by steam.
